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COUNTY OF SURREY
BOROUGH OF EPSOM AND EWELL



Annual Report

of the

Medical Officer of Health

and

School Medical Officer

for the Year

1 9 7 1

*Incorporating a Report by the Chief Public
Health Inspector on the work of the
Health Inspectors throughout the year*

BOROUGH OF EPSOM AND EWELL

PUBLIC HEALTH COMMITTEE AS CONSTITUTED AT

31st DECEMBER, 1971

Chairman : Alderman W. J. Clark, F.I.A.S., F.R.S.A., F.R.S.H.

Vice-Chairman : Councillor Mrs. L. D. Ringsdore

Aldermen H. W. Davison, A.C.I.L., J. R. Gale and R. W. Smith; Councillors W. R. Carpenter, M. J. J. Collas, N. F. Colyer, M. A., Mrs. D. M. Harrison, T. G. Holland, D. C. J. Pottinger, Mrs. J. M. Storer and E. J. Veryard.

Ex Officio Members

THE MAYOR (Mrs. D. J. Fender)

DEPUTY MAYOR (Councillor J. A. Hutter)

STAFF OF THE HEALTH AND WELFARE DEPARTMENT

AT 31st DECEMBER, 1971

Medical Officer of Health

T. A. Plumley, M.B., B.S., D.P.H., M.F.C.M., D.Obst., R.C.O.G.

Senior Medical Officer

Elizabeth M. Davis, M.B., B.S., D.C.H.

Medical Officer

Caroline A. Canepa-Anson, M.B., B.S., M.R.C.P., D.C.H.

Dental Officers

Godfrey Ashworth, L.D.S., H.D.D., F.D.S.

John C. Wells, B.D.S.

Chief Public Health Inspector

L. H. Grace, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector

W. H. Gray, M.A.P.H.I.

Public Health Inspectors

C. E. Mallett, M.A.P.H.I.

R. G. Clark, M.A.P.H.I.

A. W. Franklin, M.A.P.H.I.

Technical Officer

Wm. C. Alder, A.R.S.H., M.A.P.H.I.

Pupil Public Health Inspector

Miss P. Wort

Area Nursing Officer

Miss J. Dorrington, S.R.N., S.C.M., H.V.Cert.

Nursing Officer

Mrs. S. E. Donovan, S.R.N., S.C.M., H.V.Cert.

Domiciliary Nurses and Midwives

(a) Whole-Time

Miss K. M. Duncombe, S.R.N., S.C.M., Q.N.

(Senior Nurse)

Mrs. E. Blatchley, S.R.N., S.C.M.

Miss J. Coxon, S.R.N., S.C.M., Q.N.

Mrs. E. Frost, S.R.N.

Miss S. Gower, S.E.N.

Mrs. D. House, S.R.N.

Miss J. Mills, S.R.N., S.C.M., Q.N.

Miss T. Williams, S.R.N., S.C.M., Q.N.

Miss K. Burns, S.R.N.

Mrs. V. Francis, S.R.N.

Mrs. M. Girling, S.R.N.

Miss J. Henderson, S.R.N., S.C.M., Q.N.

Mrs. S. Knowles, S.R.N.

Mr. L. C. Pretty, S.R.N., Q.N.

(b) Part-Time

Mrs. P. Bamford, S.R.N., S.C.M.

Mrs. S. Booth, S.R.N.

Mrs. M. Jones, S.R.N.

Mrs. P. Pritty, S.R.N., Q.N.

Mrs. C. Biles, S.E.N.

Mrs. M. Gibson, S.R.N.

Mrs. M. Merricks, S.R.N.

Mrs. S. Parker, S.R.N., Q.N.

(c) Nursing Auxiliaries

Mrs. J. Cooper

Mrs. I. Hamilton

Mrs. L. George

Mrs. J. S. Ward

Surgery Nurse

Mrs. N. Snee, S.R.N. (Part-Time)

School and Clinic Nurses

Mrs. D. M. Clark, S.R.N.

Mrs. E. MacDonald, S.R.N.

Mrs. N. R. Copland, S.E.N.

Mrs. D. Pretty, S.R.N.

Health Visitors

Mrs. C. Chalupka, S.R.N., H.V.Cert.

Mrs. C. Cotton, S.R.N., S.C.M., H.V.Cert.

Mrs. S. Gorry, S.R.N., R.M.N., H.V.Cert.

Mrs. L. M. Harvey, S.R.N., H.V.Cert.

Mrs. B. J. Hewett, S.R.N., H.V.Cert.

Miss A. Rivett, S.R.N., S.C.M., H.V.Cert.

Mrs. M. Taylor, S.R.N., H.V.Cert.

Mrs. E. Chapman, S.R.N., H.V.Cert.

Miss H. Davies, S.R.N., S.C.M., H.V.Cert.

Mrs. T. Grogan, S.R.N., H.V.Cert.

Miss J. M. Headley, S.R.N., S.C.M., H.V.Cert.

Mrs. P. Kitchen, S.R.N., H.V.Cert.

Miss P. Summers, S.R.N., H.V. Cert.

Mrs. E. Y. Wright, S.R.N., S.C.M., H.V.Cert.

Chiropodists

Mrs. A. Dearlove, M.Ch.S.

Miss G. R. Edmonds, M.Ch.S. (Part-time)

Mrs. H. J. Hughes, M.Ch.S. (Part-time)

B. H. Barr, M.Ch.S. (Part-time)

Miss M. B. Warrick, M.Ch.S. (Part-time)

Physiotherapists

Mrs. M. Turnbull, M.C.S.P.

Mrs. D. L. C. Walker

Dental Surgery Assistants

Mrs. J. Holladay

Mrs. M. Gameson

Clerical Staff to the Medical Officer of Health

R. A. Stay (Administrative Assistant)

Mrs. P. A. Davies

Mrs. F. M. Black

Miss R. White

Mrs. K. Dickson

R. E. Thorpe, L.M.R.S.H. (Senior Clerk)

Mrs. L. M. Wetherell

Mrs. T. Morrison

Mrs. W. E. Bridges

Clinic Clerks

Mrs. M. J. G. Foreman (Part-time)
Miss J. Mansell

Mrs. J. Stout (Part-time)

Chief Public Health Inspector's Clerical Staff and Outdoor Staff

W. J. Jenkins (Chief Clerk)
Mrs. Y. M. Roberts
R. K. F. Way (General Assistant)

Mrs. E. G. Clarke
Miss C. J. Parsons
F. J. Perry (Rodent Operative)

To the Mayor, Aldermen and Councillors of the Borough of Epsom and Ewell

MR. MAYOR, LADIES AND GENTLEMEN,

It is an honour to present the Annual Report on the state of the Borough's health in 1971. There have been no untoward incidents, such as outbreaks of infectious disease, during the year. The birth-rate does not appear to have been unduly affected by the wider use of the contraceptive pill and the increased attendances at family planning clinics. The death-rate showed a decrease and compared very favourably with that of England and Wales. You will note that I have included figures for 1941 in the vital statistics as a comparison and it will be seen that even in the early forties the Epsom and Ewell area was favoured perhaps by its rural setting.

WORKING TOWARDS INTEGRATION

(a) Bourne Hall Health Centre

The long awaited dream of members of the Borough Council and the Surrey County Council and my two predecessors at last came true when the Rt. Honourable Sir Keith Joseph, Secretary of State for Social Services opened the Bourne Hall Health Centre on 2nd July, 1971. This was the first health centre in the Borough and although there have been no further requests from other general practitioners in the Borough, I hope that it will not be too long before services of the Local Health and Hospital Authorities will be linked in a similar fashion elsewhere with the Executive Council's general medical services.

Eight general practitioners are practising from the Bourne Hall Health Centre, which serves a population of 20,000. Inevitably there have been some teething troubles, but I can truthfully say that there is an increasingly happy and fruitful relationship between the general practitioners and their staff on the one hand and the local health authority's district nursing sisters and health visitors, who are group attached to the three partnerships, on the other. A new dimension has been created for the community nursing services and in particular the health visitors are extending their roles as the accepted family visitors.

Sessional clinics for child health, relaxation and mothercraft, remedial exercises, speech therapy, the elderly and chiropody are being held. Much stress is also given to health education. The Family Planning Association is running a day time clinic and a youth advisory clinic in the evening. A weekly psychiatric out-patient clinic is due to open in 1972.

On the whole patients would appear to appreciate the extra and improved facilities provided by the Health Centre, although at the same time it is fully realised that they may in the initial stages miss the long established separate surgery premises so much associated with the family doctor tradition.

(b) Epsom District Community Health Services Committee

Bearing in mind the coming reorganisation of the National Health Service the Epsom District Community Health Services Committee was constituted in 1971 with the purpose of co-ordinating the Local Health Authority Services within the catchment area of the Epsom District Hospital, the West Park Hospital and the Manor Hospital with the services provided by the general practitioners and the hospitals. It was hoped that more comprehensive and efficient health care would be provided.

The membership of the Committee consists of senior medical and nursing staff representation from the following local authorities within the catchment area of the three hospitals:—

Banstead Urban District Council (part of the South Eastern Division, S.C.C.)
Borough of Epsom and Ewell (Delegated Authority)
Part of Esher Urban District Council (Delegated Authority)
Leatherhead Urban District Council (part of the South Western Division, S.C.C.)
Part of the London Borough of Sutton.

There are also senior medical and nursing staff representatives from the Epsom District Hospital, the West Park Hospital and the Manor Hospital. The Director of the Public Health Laboratory, West Park Hospital, and a representative of the local general practitioners concerned are also members. Other representatives include the Area Director of Social Services, a hospital senior medical social worker and senior administrative officers from the County Health Department, the Epsom and West Park Group Management Committee and the Borough Health Services Department.

Meetings are held bi-monthly and three Working Parties have been set up to look into the scope of the local services provided for the elderly, the mentally ill and the mentally handicapped respectively. It is hoped that in time the Community Health Services will make recommendations on improving the services. There is no doubt that not only by discussion but also by action, e.g. the closer and increasing liaison between the Community and Hospital Nursing Staff, the Committee is serving an invaluable purpose in bringing together persons concerned.

RESPONSE TO CHANGE

With the setting up of the County Council Social Services Department in 1971 certain services, such as home helps, social workers of various types, the inspection and supervision of day nurseries and child minders, etc., previously provided by the Borough Health and Welfare Department came under the control of the County Director of Social Services. This transfer of services has somewhat slimmed the department, but has on the other hand afforded us the opportunity of reassessing those substantial services remaining with us. I hope that all aspects of our work will become more efficient in preparation for the National Health Service reorganisation changes in 1974.

UNNECESSARY DISEASE

However admirable the contraceptive pill is in its simplicity of use, the back lash lies in the potentially greater frequency of intercourse within married life and extra maritally without the protection offered by the mechanical means of contraception. As will be noted in the body of the report the incidence of sexually transmitted diseases has significantly increased and country wise such diseases appear to be reaching epidemic proportions. It is possible, as suggested by the Consultant Venereologists, that people are less inhibited and reluctant than in the past in attending the hospital treatment centres. This at least could be a healthy move towards the prevention of sexually transmitted diseases because those infected and their contacts may be more willing to accept advice and treatment thus breaking the chain of infection.

The above mentioned diseases in company with alcoholism, drug addiction and smoking constitute forms of self-inflicted pollution and all of these can be a menace and a nuisance not only to the victims themselves but also to other people.

SERVICES FREELY GIVEN

It would be invidious to pick out any voluntary organisation by name but all of us working in the Health Services Department are daily aware of the conscientious, lively and willing service given by the voluntary worker. He or she fills many a yawning gap in community care and by sustained and valued support keeps the many statutory bodies and their various functions running far more smoothly than would be possible if voluntary help was absent.

Voluntary workers over the years have proved themselves to be an integral part of the machinery for helping people and by their presence assist in making it more compassionate and understanding. It is gratifying that so many school children and students are helping wherever they can in the community.

On behalf of all my staff I wish to thank voluntary workers everywhere for their excellent work. Although the subject is controversial I wonder if even more effective voluntary effort would result from the amalgamation of all the organisations in the Epsom and Ewell area under the umbrella of a body such as a Council of Social Services.

STAFFING MATTERS

All the staff deeply regretted the departure in January 1971 of Dr. D. Kirkman, Deputy Medical Officer of Health, to general practice in Brighton. She had been with the old Central Division and latterly with the Borough during a period of 15 years. She was held in much affection and esteem by all who knew and worked with her. We wish her future happiness and success.

Although I have already made mention of the death of Mrs. B. Gilbert, the Physiotherapist, in the School Health Section of this report, I wish to say again how much we miss her outstanding contribution over some thirty years to the work of this department. The elderly especially lost a true friend. Another sad loss was the retirement and the later death of Miss H. Spencer, a health visitor in West Ewell, who had given 24 years service despite an incapacitating and painful illness in her later years with us. She was unstinting in her conscientious and kind service to all who called upon and knew her.

In a year which saw important retirements we were also sorry to lose the services of Mrs. D. Sharpe, the health visitor for the Stoneleigh area. She had been 27 years in the area

and gave a much appreciated and outstanding service to the community. We all join in wishing her a happy and well earned rest from the demanding work of a health visitor.

We heartily congratulate Miss J. Mills, District Nursing Sister, on being awarded in 1971 the Queen's medal by the Queen's Institute of District Nursing for 21 years service. This is a great honour justly deserved.

I wish to thank the Chairman and Members of the Public Health Committee for their continued support during the past year. I am also extremely appreciative of the enthusiastic and loyal backing from Mr. L. H. Grace, the Chief Public Health Inspector and his staff, especially in moments of emergency when urgent action was necessary. Principal and Chief Officers and their staffs as ever have been most helpful whenever I have had cause to approach them and I thank them.

I am especially indebted to all members of the Health Services Department, in particular Dr. E. Davies, Senior Medical Officer, Miss J. Dorrington, Area Nursing Officer and Mr. R. A. Stay, Administration Assistant. I am conscious of a very keen team working for the good of the community. In conclusion, I sincerely thank all those who were transferred from this Department to the new Social Services. We miss their conscientious and loyal service very much indeed.

I am, Mr. Mayor, Aldermen and Councillors, Your obedient Servant,

*T. A. PLUMLEY,
Medical Officer of Health.*

PART ONE

**GENERAL
AND
STATISTICAL**

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1971

VITAL STATISTICS FOR THE YEAR

	1971	1970	1941
Area	8,427	8,427	8,427
Population (Census 1961, 1931)	71,159	71,159	35,231
Population (Estimated mid-year)	72,120	71,700	61,990
Density (persons per acre)	8.56	8.51	7.35
Number of inhabited houses	23,127	22,848	17,400
Rateable value	£4,303,747	£4,221,111	£695,000
Product of penny rate	£42,725	£17,180	£2,750

Live Births	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	398	402	800
Illegitimate	18	16	34
	<hr/> 416	<hr/> 418	<hr/> 834

Live birth rate per 1,000 estimated population ...	11.6	12.1	12.07
Standardised birth rate per 1,000 estimated population	13.1	13.7	*
Illegitimate live birth rate per cent of total births	4.0	5.0	*

Still Births	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	4	3	7
Illegitimate	—	1	1
	<hr/> 4	<hr/> 4	<hr/> 8

Still birth rate per 1,000 live and still births ...	10.0	8.0	31.10
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Deaths	<i>Males</i>	<i>Females</i>	<i>Total</i>
Private	326	329	655
Patients in Mental Hospitals ...	122	244	366
	<hr/> 448	<hr/> 573	<hr/> 1,021

Crude death rate	14.1	15.0	10.21
Standardised death rate	9.0	9.6	*

Deaths of infants under 1 year of age

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	6	2	8
Illegitimate	1	—	1
	<hr/> 7	<hr/> 2	<hr/> 9

Infant mortality rate per 1,000 live births :

Total	11.0	14.0	37.09
Legitimate	10.0	15.0	33.24
Illegitimate	29.0	—	79.37

Neonatal Mortality

Number of deaths of infants under 4 weeks of age :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	5	1	6
Illegitimate	1	—	1
	<hr/> 6	<hr/> 1	<hr/> 7

Neonatal mortality rate per 1,000 live births ...	8.0	10.0	*
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Early Neonatal Mortality

Number of deaths of infants under 1 week of age :

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	4	1	5
Illegitimate	1	—	1
			—	—	—
			5	1	6

Early neonatal mortality rate per 1,000 live births ...	7.0	9.0	*
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Perinatal Mortality

Stillbirths and deaths under 1 week per 1,000 live and still births ...	17.0	17.0	*
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Maternal Mortality

Maternal deaths (including abortions) ...	—	—	4
Maternal mortality rate per 1,000 live and still births	—	—	5.13

* Statistics not produced in 1941

POPULATION

The Registrar General's estimate of population for 1971 was 72,120 and this figure has been used for statistical purposes in the preparations of this Report. The estimate is 420 higher than in the previous year.

The number of deaths exceeds the number of live births by 187. This apparently high proportion of deaths is in part accounted for by the large number of elderly patients in the five mental hospitals in the Borough. The number of occupied beds in the mental hospitals was 6,222 compared with 6,520 in 1970.

Births

Live births totalled 834 representing a birth rate of 11.6 per 1,000 population. The Registrar General by providing a comparability factor (1.13 for Epsom), makes adjustments in respect of each area having regard to variations in age and sex distribution of population and the influence on the birth rate of the large institutions in this district. By applying the comparability factor to the crude birth rate the standardised birth rate of 13.1 is obtained compared with the figure of 16.0 for England and Wales in 1971

Deaths

The number of deaths assigned by the Registrar General was 1,021 compared with 1,077 in 1970. Of this total 366 occurred in the local mental hospitals in patients whose stay exceeded six months. Where death occurred within six months of admission the death was assigned to the district from which the patients had come. The crude death rate was 14.1 per 1,000 total resident population. By applying the Registrar General's comparability factor, 0.64, to the crude death rate a standardised death rate of 9.0 is obtained compared with the figure of 11.6 for England and Wales in 1971.

Causes of Death

The causes of death are classified in Table II, the total deaths amounting to 1,021. The commonest killer is disease of the heart and blood vessels (521). Respiratory disease, especially bronchitis and pneumonia in the elderly, and malignant disease are the two other major causes of death

Accidental Deaths

Road accidents involving motor vehicles accounted for 9 deaths, 3 less than in 1970.

Accidents other than Road Accidents

These accidents accounted for 15 deaths — 2 less than in 1970.

Suicide

The number of suicides was 6 compared with 12 in 1970. Death was due to :

	1971	1970
Overdose of drugs	4	4
Carbon Monoxide	—	2
Hanging	—	2
Jumped from roof	—	1
Jumped from window	—	1
Jumped in front of car	1	1
Not known	—	1
Firearm wound	1	—
	<hr/> 6	<hr/> 12

Infant Mortality

The infant mortality rate (i.e. deaths of infants under 1 year per 1,000 live births) was 11.0 for the Borough compared with 18.0 for England and Wales. Of the 9 infant deaths 7 occurred during the first 4 weeks.

Causes of death were :

	1971	1970
Respiratory failure	3	3
Congenital heart disease	2	2
Atelectasis	1	2
Bronchitis	2	2
Prematurity	1	1
Leukaemia	—	1
Suffocation	—	1
	<hr/> 9	<hr/> 12

Maternal Mortality

There were no maternal deaths in 1971.

TABLE I
COMPARATIVE BIRTH, DEATH AND MORTALITY RATES 1881-1971

	<i>Birth Rate per 1,000 Population</i>		<i>Death Rate per 1,000 Population*</i>		<i>Mortality Rates per 1,000 Live Births of Children under one year of age</i>	
	England and Wales	Epsom and Ewell	England and Wales	Epsom and Ewell	England and Wales	Epsom and Ewell
1881 - 1890	32.4	26.2	19.1	14.5	142.0	107.0
1891 - 1900	29.9	22.9	18.2	13.7	153.0	121.0
1901 - 1910	27.2	24.9	15.4	11.7	128.0	93.0
1911 - 1920	21.8	18.2	14.3	11.5	100.0	71.0
1921 - 1930	18.3	16.1	12.1	9.8	72.0	49.0
1931 - 1940	14.9	12.6	12.3	7.3	58.0	41.0
1941 - 1950	16.9	14.2	12.3	9.4	43.1	28.4
1951 - 1960	15.8	10.4	11.6	15.0	24.8	19.1
1961	17.4	11.4 (13.6)	12.0	14.0 (9.5)	21.6	23.8 (19 deaths)
1962	18.0	12.5 (14.7)	11.9	15.4 (10.2)	21.6	13.7 (12 deaths)
1963	18.2	12.6 (14.2)	12.2	15.8 (9.9)	20.9	27.0 (24 deaths)
1964	18.4	12.8 (14.5)	11.3	14.7 (9.3)	20.2	18.5 (17 deaths)
1965	18.1	13.0 (14.7)	11.5	15.0 (9.45)	19.0	15.0 (14 deaths)
1966	17.7	13.5 (15.2)	11.7	15.3 (9.48)	19.0	19.5 (19 deaths)
1967	17.2	11.7 (13.2)	11.2	15.3 (10.1)	18.3	10.7 (9 deaths)
1968	16.9	12.1 (13.8)	11.9	15.2 (9.3)	18.0	12.6 (11 deaths)
1969	16.3	12.0 (13.6)	11.8	15.4 (9.4)	18.0	14.0 (12 deaths)
1970	16.0	12.1 (13.7)	11.7	15.0 (9.6)	18.0	14.0 (12 deaths)
1971	16.0	11.6 (13.1)	11.6	14.1 (9.0)	18.0	11.0 (9 deaths)

* Deaths of patients in mental hospitals included from 1953. From 1956 the standardised death rate allows for the high mortality in residential institutions, such as hospitals for mental illness. (Bracketed figures represent standardised rates.)

TABLE II

CAUSES OF DEATH IN THE BOROUGH OF EPSOM AND EWELL

Cause of death	Sex	Age in years										75 and over	
		All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64		65-74
B5 Tuberculosis of Respiratory System	M	1	—	—	—	—	—	—	—	1	—	—	—
B18 Other Infective and Parasitic Diseases	F	—	—	—	—	—	—	—	—	—	—	—	—
B19(1) Malignant Neoplasm, Buccal Cavity, etc. ...	M	1	—	—	—	—	—	—	—	—	1	2	—
B19(2) Malignant Neoplasm, Oesophagus	F	3	—	—	—	—	—	—	—	—	—	—	—
B19(3) Malignant Neoplasm, Stomach	M	—	—	—	—	—	—	—	—	—	—	—	—
B19(4) Malignant Neoplasm, Intestine	F	1	—	—	—	—	—	—	—	—	—	—	—
B19(5) Malignant Neoplasm, Larynx	M	6	—	—	—	—	—	—	—	1	1	4	—
B19(6) Malignant Neoplasm, Lung, Bronchus	F	10	—	—	—	—	—	1	1	1	2	5	1
B19(7) Malignant Neoplasm, Breast	M	4	—	—	—	—	—	—	1	—	—	1	2
B19(8) Malignant Neoplasm, Uterus	F	8	—	—	—	—	—	—	—	—	1	1	5
B19(9) Malignant Neoplasm, Prostate	M	13	—	—	—	—	—	1	—	—	1	4	7
B19(10) Leukaemia	F	2	—	—	—	—	—	—	—	—	2	—	—
B19(11) Other Malignant Neoplasms	M	—	—	—	—	—	—	—	—	—	—	—	—
B20 Benign and Unspecified Neoplasms	F	30	—	—	—	—	—	—	—	—	9	8	13
B21 Diabetes Mellitus	M	11	—	—	—	—	—	—	2	—	3	5	1
B22 Avitaminoses, etc.	F	19	—	—	—	—	—	—	—	2	7	4	6
B46(1) Other Endocrine, etc., Diseases	M	6	—	—	—	—	—	—	1	—	3	2	—
B23 Anaemias	F	12	—	—	—	—	—	—	—	—	1	5	6
	M	5	—	—	—	—	—	1	—	—	1	—	2
	F	3	—	—	—	—	—	—	—	—	1	1	1
	M	19	—	—	—	1	—	1	2	6	4	7	4
	F	33	—	—	—	—	—	—	2	2	6	9	11
	M	2	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	1	—	—	—	2
	M	2	—	—	—	—	—	—	—	—	—	2	—
	F	2	—	—	—	—	—	—	—	—	—	—	—
	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	3	—	—	—	—	—	—	—	—	2	1	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—

Cause of death	Sex	Age in years											75 and over
		All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	
B46(3) Mental Disorders ...	M	3	—	—	—	—	—	—	—	—	2	1	—
B46(5) Other Diseases of Nervous System ...	F	7	—	—	—	—	—	—	—	—	—	1	6
B26 Chronic Rheumatic Heart Disease ...	M	7	—	—	—	—	1	2	—	—	2	2	2
B27 Hypertensive Disease ...	F	6	—	—	—	—	—	1	—	—	1	—	1
B28 Ischaemic Heart Disease ...	M	5	—	—	—	—	—	—	1	—	1	1	2
B29 Other forms of Heart Disease	F	4	—	—	—	—	—	—	—	—	1	2	1
B30 Cerebrovascular Disease ...	M	7	—	—	—	—	—	1	—	—	1	1	4
B46(6) Other Diseases of Circulatory System ...	M	129	—	—	—	—	2	—	11	—	26	42	48
B31 Influenza ...	F	136	—	—	—	1	—	—	1	—	11	35	88
B32 Pneumonia ...	M	16	—	—	—	—	—	—	—	—	2	5	9
B33(1) Bronchitis and Emphysema	F	29	—	—	—	—	—	1	—	—	—	6	23
B33(2) Asthma ...	M	43	—	—	—	—	—	—	—	—	8	13	21
B46(7) Other Diseases of Respiratory System ...	F	64	—	—	—	1	—	—	2	—	5	17	39
B34 Peptic Ulcer ...	M	26	—	—	—	—	—	—	1	—	5	5	15
B35 Appendicitis ...	F	61	—	—	—	—	—	—	1	—	2	4	54
B36 Intestinal Obstruction and Hernia ...	M	—	—	—	—	—	—	—	—	—	—	—	—
B46(8) Other Diseases of Digestive System ...	F	1	—	—	—	—	—	—	1	—	—	1	—
B38 Nephritis and Nephrosis ...	M	1	—	—	—	—	—	—	—	—	—	—	—
	F	54	—	—	—	—	—	—	5	—	5	19	33
	M	95	—	—	—	—	1	1	5	—	5	7	64
	F	21	—	—	—	—	—	—	1	—	5	1	8
	M	10	—	—	—	1	—	—	2	—	1	1	5
	F	1	—	—	—	—	—	—	—	—	1	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	1	—	—	1	1	—	—	1	—	—	2
	M	3	—	—	—	—	—	1	—	—	—	1	—
	F	7	—	—	—	—	—	—	1	—	—	—	4
	M	3	—	—	—	—	—	—	1	—	—	—	2
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	1	—	—	—	—
	M	2	—	—	—	—	—	—	1	—	—	—	—
	F	5	—	—	—	—	—	—	1	—	—	—	—
	M	3	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—								

(Table continued overleaf)

SERVICES UNDER THE PUBLIC HEALTH ACTS

Water Supply

The source of the Borough's water supply remains unchanged. Epsom, including the local hospitals, is supplied from the deep chalk wells of the Council's undertaking in East Street. It is the routine practice for the Borough Water Engineer to send weekly samples of raw water to the County's Public Health Laboratory in London. Reports throughout the year were satisfactory. In addition regular samples of raw water from this source were submitted to the Public Health Laboratory in Epsom and all were found to be satisfactory. Ewell is supplied mainly from the Sutton District Water Company's chalk wells in Carshalton Road, Sutton, and in Woodmansterne. Monthly samples were submitted to the County's Public Health Laboratories. A part of the Borough in the Stoneleigh and Worcester Park area (population 7,005) is supplied by the Metropolitan Water Board (River Thames). The quality control of the Water Board's Laboratories was carried out by means of daily sampling and 99.97 per cent samples of treated water were negative for Bact. coli (Type 1). Part of West Park Hospital supply, about 50,000 gallons per day, is pumped from a deep well on the site — all samples of raw water from the well proved satisfactory.

Chlorination of all raw water was carried out before it was put into supply. All samples of tap water going into supply gave a satisfactory report.

The chemical analyses of the water from the Borough's undertaking and from the Sutton District Water Company were reported on at regular intervals and below are given typical results.

						<i>Epsom and Ewell Corporation</i>	<i>Sutton District Water Company</i>
Appearance	...	...	...	...	...	Clear and bright	Bright with slight deposit of minute particles of calcium carbonate
Colour	...	...	...	...	...	Nil	Nil
Odour	...	...	...	...	...	Nil	Nil
pH	...	...	...	...	...	7.3	7.8
Electric Conductivity	...	...	...	...	...	500	250
Dissolved Solids dried at 180°C	...	...	...	...	...	360	180
Chlorine as Chloride	...	...	...	...	...	17	15
Free Carbon Dioxide	...	...	...	...	...	26	3
Alkalinity as Calcium Carbonate	...	...	...	...	...	240	85
Hardness : Total	...	...	...	...	...	290	120
Carbonate	...	...	...	...	...	240	85
Non-Carbonate	...	...	...	...	...	50	35
Nitrate Nitrogen	...	...	...	...	...	5.9	5.1
Nitrite Nitrogen	...	...	...	...	...	Less than 0.01	Absent
Ammoniacal Nitrogen	...	...	...	...	...	0.00	0.13
Oxygen absorbed	...	...	...	...	...		0.00
Albuminoid Nitrogen	...	...	...	...	...	0.00	0.00
Residual Chlorine	...	...	...	...	...		0.02
Metals : Iron	...	...	...	...	...	0.04	Absent
Zinc	...	...	...	...	...	0.12	0.06
Copper	...	...	...	...	...	Absent	Absent
Lead	...	...	...	...	...	Absent	Absent

The natural fluoride content in the Sutton District Water Supply was reported to be 0.1 part per million or less, in the Thames 0.15 parts per million and to be not more than a trace in the Epsom Wells supply. No serious shortage of water was reported through the year. Every house in the built-up areas in the Borough is supplied direct from mains. One house isolated in the middle of a wood was dependent on rain water storage.

I am grateful to the Borough Water Engineer for the following report on work carried out during the year :

During 1971, the Council's water undertaking completed the final installations and commissioning of low lift pumping plant, switchgear and instrumentation at their East Street pumping station. This modernisation scheme incorporates the latest and most reliable design of switchgear and metric instrumentation and the attractive layout has given rise to many favourable comments from visitors to the pumping station.

The water undertaking has had to cope with an ever increasing demand for water from its domestic, trade and industrial consumers and during 1971 test pumping was successfully carried out at the site of an additional borehole source within the Nonsuch Industrial Estate, Epsom. The new borehole penetrates the chalk to a depth of 420 feet and tests have proved that a reliable yield of $\frac{1}{2}$ million gallons of high quality water can be obtained from this source every day. The overall cost of the scheme (to be commissioned Autumn 1972) is £10,000 and the water will be pumped from the new borehole site into the existing pumping station at East Street for distribution within the supply area.

The inspection and distribution activities of the Council's water undertaking were further extended during the year. Site mains were completed at Longmead Phase III and at several private housing developments and considerable lengths of undersized distribution mains were renewed throughout the supply area by direct labour. A record total of new and renewed domestic, trade and industrial water service pipes were installed. The water undertaking is also responsible for the routine and emergency repairs throughout their trunk and distribution mains network consisting of over 90 miles of water mains and 9,000 individual property connections. The further additions and improvements to their V.H.F. radio control has assisted in providing an efficient and reliable service to every water consumer throughout the supply area.

Cesspools

There were 40 cesspools in the Borough.

Sewage and Sewage Disposal

The sewage from the Borough is piped to the disposal works administered by the Greater London Council. This arrangement works satisfactorily and prevents any untreated sewage effluent being discharged into local streams.

Swimming Baths and Pools

The Municipal Baths were open from April to October. The total attendances were 109,393. The swimming baths is well maintained and the system of continuous filtration and chlorination renders the water safe as far as communicable disease is concerned. Samples of water from a privately owned open air swimming pool were sent for bacteriological examination, and the owners advised if the amount of chlorine needed to be increased. Satisfactory reports were received from the Public Health Laboratory, Epsom, on samples of water from the school bathing pools.

Housing

I am indebted to the Director of Engineering Services for information about the number of new dwellings erected during the year.

Erected by Local Authority	...	...	...	...	...	245
Erected by private enterprise	...	...	...	...	...	152

Also to the Housing Manager for the following report :

“Properties controlled at beginning of 1971

Houses and Flats	...	...	...	...	...	2,131
Miscellaneous	...	...	...	...	...	39
						<hr/> 2,170

Garages	504
---------	-----	-----	-----	-----	-----	-----

Properties held at the end of 1971

Houses and Flats	...	...	...	...	...	2,370
Miscellaneous	...	...	...	...	...	39
						<hr/> 2,409
Garages	...	...	...	...	...	<hr/>670

The increase of 239 properties handed over is made up of 133 dwellings on Gatley Avenue and 57 on Curtis Road to complete the development of these two Estates, and 49 on the new Longmead Estate now under construction, the remainder of which will be completed during 1972.

As far as the Housing Waiting List is concerned there were 625 registered applications at the beginning of the year, 299 new registrations were received, and during the year 285 applicants were rehoused, and 61 applications were withdrawn. At the end of the year 578 names were recorded on the Housing Waiting List.”

The scope of the Health Inspector's work dealing with housing, the improvement of houses under the Housing Acts and the clearance of properties which are unfit for human habitation is described in the Chief Public Health Inspector's report.

The Medical Officer of Health acts as Medical Adviser to the Council on matters relating to the health of housing applicants and of Council house tenants.

Sanitary Inspection of the Area

The work carried out by the Health Inspectors on the sanitary supervision of the District is detailed in the Report of the Chief Public Health Inspector.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES
Notifiable Infectious Disease

1971 was again a very satisfactory year as regards notifiable diseases. There were no outbreaks of any infectious diseases in either the general community, in schools or in any of the local hospitals or institutions.

Table III shows the number of cases of infectious diseases notified during 1971, and the incidence rates of these diseases, with the figures for the previous year for comparison. Table IV shows the incidence of notifiable infectious diseases classified according to age and sex, with the exception of tuberculosis which is dealt with in Tables V and VI.

Smallpox

There have been no cases of smallpox for many years. Vaccination against smallpox is no longer carried out in Child Health Clinics or in Primary Schools as a routine measure — the Secretary of State having accepted the advice of the Joint Committee on Vaccination and Immunisation that this vaccination need no longer be recommended.

Diphtheria

Fortunately, it is now 18 years since a case of diphtheria has been notified in the Borough. The occasional report of cases and small outbreaks in schools in other areas does, however, show that the disease is ever present and is only being kept in check by a satisfactory rate of immunisation. The table below shows the number of immunisation procedures for 1971. The figures in brackets are for 1970. It is interesting to note that 15 cases of diphtheria were notified in 1941, all unimmunised at that time.

Immunisation Procedures Carried Out

<i>Inoculations</i>	<i>Carried out by General Practitioners</i>		<i>Carried out at Schools and Clinics</i>	
Primary:				
Triple (Diphtheria, Whooping Cough and Tetanus) ...	292	(258)	454	(528)
Combined (Diphtheria and Tetanus)	3	(1)	6	(5)
Tetanus only	15	(20)	3	(42)
Reinforcing:				
Triple (Diphtheria, Whooping Cough and Tetanus) ...	72	(45)	21	(52)
Combined (Diphtheria and Tetanus)	227	(157)	564	(607)
Tetanus only	101	(83)	5	(126)

Poliomyelitis

Once again no case of either paralytic or non-paralytic disease was notified. The number of primary vaccinations carried out was 735 (821 in 1970) and the number of re-inforcing doses was 1,480 (1,049 in 1970).

Typhoid and Paratyphoid

No cases of typhoid or paratyphoid occurred during the year.

Food Poisoning

There were no outbreaks of food poisoning, but there were 21 isolated cases amongst the community and in local hospitals.

Dysentery

Only two cases of dysentery occurred in the Borough. No cases were reported from hospitals or other institutions.

Influenza

Vaccination was again offered to all Borough Council Staff and the staffs of the Health Services and Education Departments. 182 persons attended a special session for this purpose, held at the Church Street Clinic in November. As an experiment a medical officer attended at the Longmead Depot to vaccinate any member of the manual staff wishing to have this protection, but the response was negligible.

Scarlet Fever

17 cases were notified compared with 13 the previous year, but this is now a mild disease and no case gave cause for concern.

Measles

The number of cases notified showed an increase on the previous year, i.e. 170 compared with 58. Vaccination against this disease is offered as a routine measure during the second year of a child's life and 577 children received this vaccination in 1971. This number compares unfavourably with the 925 children vaccinated in 1970.

Rubella (German Measles)

In 1970 the Joint Committee on Vaccination and Immunisation recommended that vaccination against rubella should be offered to all girls between their 11th and 14th birthday, but that initially priority should be given to girls in their 14th year.

In 1971 vaccination was offered to two age groups, i.e. 12 and 13 year olds and 464 girls were vaccinated. This compares with the 258 girls in the 13 year group who were vaccinated in the first year of the scheme. It is intended that in 1972 this protection will be offered to girls aged 11 and 12 years and that in subsequent years routine vaccination against rubella will be included in the schedule of vaccination at the age of 11 years.

Whooping Cough

14 cases were notified compared with 2 in the previous year.

Infective Jaundice

4 cases were reported compared with 6 in 1970.

Tetanus, Leptospirosis and Yellow Fever

No cases of these diseases occurred during the year.

Tuberculosis

Register of Tuberculous Persons

During the year the names of 19 persons were added to the Tuberculosis Register and 29 were removed. Details of these alterations are as follows :

Additions to Register :

Primary notifications relating to private residents already residing in this district	12	(11)
Primary notifications of persons residing in Institutions :		
(a) already resident	1	(6)
(b) on admission	—	(—)
Transfer of private residents notified in other areas, now residing in this district	6	(3)
Transfer of persons notified in this district	—	(—)
Number of cases (previously removed) restored to Register during the year	—	(—)
Posthumous Notifications :		
(a) in private households	—	(1)
(b) in Institutions	—	(—)
	19	(21)

Removals from Register :

By removal to other districts :		
(a) Private residents	5	(8)
(b) Patients in mental institutions	—	(—)
By recovery :		
(a) Private residents	17	(27)
(b) Patients in mental institutions	1	(1)
By death :		
(a) Private residents	3	(4)
(b) Patients in mental institutions	3	(2)
	29	(42)

Of the 6 names removed from the Register because of death none was certified as due to Tuberculosis.

At the end of the year the number of names on the Register totalled 220 distributed as follows :

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
In private residences ...	69 (69)	28 (35)	2 (4)	14 (16)
In institutions ...	91 (90)	11 (11)	3 (3)	2 (2)
	<u>160 (159)</u>	<u>39 (46)</u>	<u>5 (7)</u>	<u>16 (18)</u>

The figures in brackets are for 1970

Notifications of Tuberculosis

Thirteen notifications were received from medical practitioners of persons certified, so far as it is known, for the first time, to be suffering from tuberculosis. In Table V these cases are classified by sex and age and sub-divided into pulmonary and non-pulmonary types of disease. In Table VI the number of notifications received in previous years is given for the purposes of comparison.

Extra Nourishment

Provision of special nourishment in the form of milk was granted in 8 selected cases for varying periods during the year.

B.C.G. Vaccination against Tuberculosis

This protection is available at Chest Clinics to close contacts who are Tuberculin negative. Vaccination is also available to school children in their 13th year. Consent forms were sent to parents of this age group, and there was a high acceptance rate. The results are shown below :

Number tested ...	685 (458)
Number Tuberculin positive ...	24 (13)
Number of children vaccinated ...	660 (441)

(These figures include 39 children who missed vaccination in previous years)

The figures in brackets are for 1970

TABLE III
NOTIFICATION OF INFECTIOUS DISEASES

				<i>Private Houses</i>	<i>Hospitals</i>	<i>Total</i>	<i>Incidence Rate per 1,000 Population</i>
Typhoid ...	...	...	...	—	—	(3)	(0.04)
Paratyphoid ...	...	...	...	—	—	(—)	(—)
Meningococcal Infections ...	...	...	...	1	—	1 (1)	0.01 (0.01)
Scarlet Fever ...	...	...	...	17	—	17 (13)	0.24 (0.18)
Whooping Cough ...	...	...	...	14	—	14 (2)	0.19 (0.03)
Diphtheria ...	...	...	...	—	—	(—)	(—)
Smallpox ...	...	...	...	—	—	(—)	(—)
Measles ...	...	...	...	170	—	170 (58)	2.36 (0.81)
Poliomyelitis ...	...	...	...	—	—	(—)	(—)
Food Poisoning ...	...	...	...	20	1	21 (15)	0.29 (0.21)
Dysentery ...	...	...	...	2	—	2 (11)	0.03 (0.15)
Malaria : Abroad ...	...	...	...	—	—	(—)	(—)
Indigenous ...	...	...	...	—	—	(—)	(—)
Tuberculosis : Respiratory ...	...	...	...	9	—	9 (15)	0.13 (0.22)
Non-respiratory ...	...	...	...	4	—	4 (3)	0.06 (0.04)
Tetanus ...	...	...	...	—	—	(—)	(—)
Yellow Fever ...	...	...	...	—	—	(—)	(—)
Leptospirosis ...	...	...	...	—	—	(—)	(—)
Infective Jaundice ...	...	...	...	4	—	4 (6)	0.06 (0.08)

The figures in brackets are for 1970

TABLE IV
NOTIFICATION OF INFECTIOUS DISEASES BY AGE AND SEX
(For Tuberculosis see Table V)

	Under 1 year		1-2		3-4		5-9		10-14		15-24		25-44		45-64		65 years and over		All Ages		Total all ages both sexes	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(3)
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Meningococcal Infection	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	(1)
Scarlet Fever	—	—	—	—	—	3	4	3	—	3	—	—	1	—	—	—	—	—	7	10	17	(13)
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	14	(2)
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Measles	—	—	7	26	26	27	45	34	1	1	1	1	1	—	—	—	—	81	89	170	(58)	
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	12	21	(15)
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	(11)
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Infective Jaundice	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	1	3	4	(6)

TABLE V
NOTIFICATION OF TUBERCULOSIS BY AGE AND SEX

Year	Private Residents				Mental Hospital Patients					
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Total	
	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—	—	—
1 - 4	—	—	—	1	—	—	—	—	—	1
5 - 9	—	—	—	—	—	—	—	—	—	—
10 - 14	—	—	—	—	—	—	—	—	—	—
15 - 19	—	—	—	—	—	—	—	—	—	—
20 - 24	—	—	—	—	—	—	—	—	—	—
25 - 34	1	1	1	1	—	—	—	—	2	2
35 - 44	1	—	—	1	—	—	—	—	1	1
45 - 54	1	—	—	—	—	—	—	—	1	—
55 - 64	1	1	—	—	—	—	—	—	1	1
65 and over	2	—	—	—	1	—	—	—	3	—
Total	6	2	1	3	1	—	—	—	8	5

TABLE VI
TUBERCULOSIS INCIDENCE AND MORTALITY RATES 1934-1971
(Quinquennial Averages 1934-1968)

Year	Primary Notifications	Notification Rate per 1,000 Population	Deaths	Death Rate per 1,000 Population
1934 - 1938	44	0.78	18	0.35
1939 - 1943	67	1.11	33	0.52
1944 - 1948	75	1.15	26	0.36
1949 - 1953	66	0.96	19	0.28
1954 - 1958	53	0.78	14	0.20
1959 - 1963	34 (16)	0.49	4 (2)	0.05
1964 - 1968	23 (8)	0.32	2 (1)	0.03
1969	10 (5)	0.14	1 (—)	0.01
1970	18 (6)	0.25	—	—
1971	13 (1)	0.18	—	—

Figures relating to patients in mental hospitals situated in the district are included in the total. These are also shown separately in the bracketed figures.

Chest Radiography Service

From 4.00 to 4.45 p.m. every Friday, the mobile X-ray Unit is sited outside the "Spread Eagle" in Epsom High Street. In addition the Unit visited the Epsom College and Ewell Technical College. A total of 1,968 persons attended for chest X-ray examination.

I am very pleased to be able to report that no cases of active pulmonary tuberculosis were discovered. However, 1 case of lung cancer was found and referred for appropriate action.

Public Health Laboratory Service

Bacteriological investigations were carried out by the Public Health Laboratory, West Park Hospital, Epsom, under the direction of Dr. D. R. Gamble, to whom grateful acknowledgement is made. Specimens may be submitted by doctors, veterinarians, dentists, persons acting on behalf of medical officers of health, such as health inspectors and health visitors, or by representatives of official bodies. Specimens cannot be accepted from private persons. The routine specimens examined fall under two main headings :

- (a) medical specimens;
- (b) sanitary specimens from local or food authorities, or, by arrangement from commercial undertakings.

SERVICES UNDER THE FOOD AND DRUGS ACT 1955

The wide range of duties of Health Inspectors in this field are detailed in the Report of the Chief Public Health Inspector.

Poultry Inspection

There are no poultry processing premises within the Borough.

BOURNE HALL HEALTH CENTRE



A view of the reception area



One of the general practitioners in consultation

BOURNE HALL HEALTH CENTRE



Routine screening for hearing and development check carried out by health visitors



A break for discussion and refreshment in the Staff room

PART TWO

**COMMUNITY
HEALTH
SERVICES**

COMMUNITY HEALTH SERVICES

MATERNAL AND CHILD HEALTH

ANTE NATAL CARE

(i) Clinics

Ante-Natal sessions are held at the Health Clinics in Ewell Court and Epsom, and at the Bourne Hall Health Centre. At Ewell Court and Bourne Hall a weekly session is conducted by a Consultant Obstetrician from Epsom District Hospital assisted by a Medical Officer of the Borough Council. The midwives hold weekly sessions at Ewell Court and Epsom Health Clinics.

Details of attendances at these sessions are given below:—

<i>Health Clinic</i>	<i>Sessions held by</i>	<i>Number of Women who attended during the year</i>		<i>Total Number of attendances during the year</i>	
Ewell	Obstetrician and Medical Officer	143	(215)	848	(845)
Ewell	Midwives	25	(55)	139	(289)
Bourne Hall	Obstetrician and Medical Officer	38	(—)	121	(—)
Epsom	Midwives	18	(47)	96	(181)

Figures for 1970 are in brackets.

In addition 86 women attended Ewell Health Clinic for post natal examination.

Expectant mothers attended at the three Centres as under for Mothercraft (Health Visitors) and Relaxation Exercises (Physiotherapist).

<i>Health Clinic</i>	<i>Number of women who attended</i>	<i>Number of new cases</i>	<i>Total Attendances</i>	<i>Sessions per month</i>
Ewell	92	81	423	4
Bourne Hall	30	30	150	4
Epsom	76	76	295	4

(ii) Domiciliary Midwifery Service

The proportion of domiciliary confinements in 1971 was as follows:—

<i>Total Births Live and Still</i>		<i>Domiciliary Confinements</i>		<i>Domiciliary Confinements Percentage of</i>	
805	(868)	27	(71)	3.4	(8.2)

Details of the work of the domiciliary midwives in 1971 were as follows:—

Confinements

(a) Doctor booked	...	...	...	...	...	27	(23)
(b) Doctor not booked	...	...	...	...	...	—	(48)
(c) Miscarriages	...	...	...	...	...	—	(1)

Number of visits paid by midwives:

Ante natal visits 838 (895)

Visits during labour/puerperium/post-natal and visits to cases discharged from hospital before end of 10th day ... 1,808 (2,584)

Figures for 1970 are in brackets.

(iii) Hospital Confinements

Based on a 10-day lying-in period, hospital beds are provided for approximately 62 per cent of all confinements. The shortage of maternity beds has necessitated a large number of "early discharges" (48 hours after delivery). When the expectant mother first attends the Hospital Ante-Natal Clinic, the Obstetrician will base his decision whether or not she is to be booked for hospital confinement:

(a) on her medical history;

(b) on home conditions as reported by the domiciliary midwife.

If she is considered suitable for "early discharge", the Area Nursing Officer ensures that a District Midwife will accept the care of the mother and infant during the remainder of the lying-in period while the Home Help Supervisor makes the necessary arrangements for domestic help.

Distribution of Notified Births

					<i>Live Births</i>		<i>Still Births</i>		<i>Total</i>	
Born at Home	...	...	...	...	26	(71)	1	(—)	27	(71)
Born in Hospitals	...	...	...	...	771	(787)	6	(7)	777	(794)
Born in Nursing Homes	...	...	...	...	1	(3)	—	(—)	1	(3)
Total	...	...	...	...	798	(861)	7	(7)	805	(868)

Prematurity (i.e. babies weighing 5½ lb. or less at birth)

Equipment is provided by this department for the care of premature infants born at home and adequate provision is available in hospitals.

(i) *Number of premature infants notified:*

<i>Place of Birth</i>				<i>Live Births</i>		<i>Still Births</i>	
Own home	...	...		1	(1)	—	(—)
Maternity homes	...	...		—	(—)	—	(—)
Hospitals	...	...		41	(42)	4	(4)
Total				42	(43)	4	(4)

(ii) *Deaths of premature infants within 28 days:*

In hospitals	...	...	5	(2)
At Home	...	...	—	(—)
			5	(2)

Congenital Malformations

Local Health Authorities are required to report to the Registrar General all congenital malformations noted at birth. During the year there were 39 notifications representing 4.8 per cent of total births. The malformations come under the following headings:—

Limbs	...	...	...	...	15	(21)
Urino-genital system	...	...	...	...	8	(3)
Central Nervous System	...	...	...	...	2	(2)
Musculo-skeletal System	...	...	...	...	4	(1)
Alimentary System	...	...	...	...	1	(—)
Eye and Ear	...	...	...	...	—	(1)
Other Systems (Naevus, skin tag)	...	...	...	...	4	(1)
Other malformations	...	...	...	...	5	(3)
					39	(32)

Figures for 1970 are in brackets.

All cases of congenital malformations are kept under observation and, if necessary, added to our Register of Handicapped Children.

Phenylketonuria

Every baby born in the Epsom District Hospital or on the District received the Guthrie test, a special blood test for Phenylketonuria. This is a disease which, if untreated, leads to grave mental handicap. All the tests were sent to the laboratory at Queen Mary's Hospital for Children, Carshalton, and I am grateful to Dr. R. L. Newman, Consultant Pathologist, and his staff for their co-operation. Only a few babies required re-testing for one reason or another, and I am pleased to report that no case of phenylketonuria was discovered.

Health Visiting Service

Our establishment of Health Visitors, 15 in number, consists of the following:

- 4 general Health Visitors based at Ewell Court Health Clinic
- 2 general Health Visitors based at Epsom Health Clinic
- 2 general Health Visitors attached to a group practice of General Practitioners in The Parade, Epsom
- 5 general Health Visitors based at Bourne Hall Health Centre and attached to General Practitioners working at that Centre
- 1 Geriatric Health Visitor based at Ewell Court Health Clinic.
- 1 Health Visitor attached to the Chest Department of Epsom District Hospital

In addition to the above establishment there is one geriatric Health Visitor attached to a group practice of General Practitioners in Epsom.

The average case load per Health Visitor on general duties was 366.
Number of children visited by Health Visitors during the year:

<i>Born in 1971</i> 791	<i>Born in 1970</i> 861	<i>Born in 1966-1969</i> 2,674	<i>Total</i> 4,326	<i>(4,585)</i>
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Clinic attendances made by Health Visitors:—

(a) Child Health Sessions	738	(584)
(b) Health Education (including Mothercraft)	203	(183)
(c) Geriatric Sessions	102	(102)

One Health Visitor is responsible for the community care of patients suffering from tuberculosis and other chest conditions. At the end of the year 238 (184) families were under her care.

Figures for 1970 are in brackets.

CHILD HEALTH CLINICS

(i) Purpose of Clinics

The functions of the Child Health Clinic are firstly the advising and the support of Mothers in the care of their young children, which is mainly given by the Health Visitors, and the medical supervision of the physical and mental development of children carried out by the Clinic Medical Officers who are experts in this field.

Health Visitors are also trained to detect deviations from the normal, and can refer any children causing concern to the Clinic Medical Officer or the General Practitioner. Treatment of abnormalities and disease is within the province of the General Practitioner.

(ii) Clinic Sessions and Attendances

These were held in the afternoons at:

	<i>Average Attendance per Session</i>
*Ewell Court:	
Mondays, Wednesdays and Thursdays	63 (69)
Church Hall, Dell Lane, Stoneleigh:	
Tuesdays	37 (41)
*Church Hall, Northey Avenue, Cheam:	
Wednesdays	27 (38)
Bourne Hall Health Centre:	
Mondays and Fridays	28 (—)
Church Street, Epsom:	
Mondays and Wednesdays	65 (72)
Wells Social Centre, Epsom:	
1st, 3rd and 5th Tuesdays in the month	33 (41)
Church Hall, Rosebery Road, Epsom Downs:	
2nd and 4th Tuesdays in the month	37 (36)

* The clinic sessions at Ewell Court on Thursdays and at Northey Avenue on Wednesdays were cancelled at the beginning of 1972.

Figures for 1970 are in brackets.

Clinic Attendance

<i>Clinic</i>	<i>Number of children attending clinics born in</i>			
	<i>1971</i>	<i>1970</i>	<i>1966-69</i>	<i>Total</i>
Epsom	279	298	416	993 (990)
Ewell Court	304	380	849	1,533 (1,690)
Bourne Hall	125	96	144	365 (—)
Northey Avenue	30	38	136	204 (249)
Dell Lane	47	61	182	290 (307)
Wells	36	36	71	143 (146)
Epsom Downs	20	28	71	119 (114)
	841	937	1,869	3,647 (3,496)

Figures for 1970 are in brackets.

Hearing Test and Audiology Service

All babies are given hearing tests by the Health Visitors. These are carried out at the age of 7 months and any case requiring further investigation is referred to the County Audiologist. During the year 708 tests were carried out and 13 children were referred to the Audiologist. These figures compare with 946 tests and 9 referrals in 1970. It is important

that severe deafness in a child should be ascertained before the first birthday. At this early age the specialist teacher is able to get the maximum response from the child's residual hearing and so to teach him to watch for speech and to develop speech and language.

Welfare Foods

National dried milk, orange juice, cod liver oil and vitamin tablets have for many years been available to expectant and nursing mothers, children under the age of 5 years and handicapped children. As a result of a new Welfare Foods Order, cod liver oil ceased to be a part of the Welfare Foods Service after the 30th April, 1971, although it continued to be available at the clinics whilst stocks lasted. On the 31st December, 1971, concentrated orange juice was withdrawn as a welfare food. On the withdrawal of orange juice as a source of vitamin C the composition of the vitamin tablets for expectant mothers was altered to include vitamin C. In addition vitamin drops which include Vitamin C are available for children under five years of age.

There is also a large variety of proprietary foods on sale at the clinics at reduced prices. This service is run by voluntary helpers.

DENTAL CARE OF MOTHERS AND PRE-SCHOOL CHILDREN

This priority service was carried out at both the Ewell Court and Epsom Health Clinics when the equivalent of 60 Dental Officer sessions were devoted to these patients during the year. Some 57 mothers and 169 children attended for treatment.

In addition to the children who were brought to the clinics for examination and treatment, inspections were carried out at the Nursery classes of two Ewell schools, at the Epsom Day Nursery and at the Wells House Residential Nursery.

Summary of Treatment

(i) Number provided with dental care

			Examined		Needing Treatment		Treated		Made Dentally Fit	
Expectant and Nursing Mothers	...	...	45	(38)	44	(34)	57	(32)	32	(24)
Children under 5 years	...	...	360	(319)	144	(133)	169	(132)	148	(139)

(ii) Forms of dental treatment provided

Expectant and Nursing Mothers	<i>Scaling and Gum Treat- ment</i>		<i>Fill- ings</i>		<i>Silver Nitrate Treat- ment</i>		<i>Extrac- tions</i>		<i>General Anaes- thetics</i>		<i>Dentures Providcd</i>				<i>X-Rays</i>	
											<i>Full</i>		<i>Partial</i>			
	26	(14)	105	(57)	—	(—)	16	(23)	3	(3)	3	(—)	6	(1)	3	(7)
Children under 5 years	2	(—)	396	(296)	28	(10)	63	(85)	31	(39)	—	(—)	—	(—)	1	(—)

(iii) Attendance for Dental Inspection and Treatment

Expectant and Nursing Mothers	...	...	...	...	146	(81)
Children under 5 years	...	...	...	...	399	(358)

Figures for 1970 are in brackets.

DAY NURSERIES AND CHILD MINDERS

(i) Epsom Day Nursery, Waltham House

Waltham House is a Training Nursery of 50 places. The staff at the Nursery, excluding domestic staff, consists of Matron, Deputy Matron, Warden, six Nursery Nurses and four Students. This conforms with the standards for the staffing of Day Nurseries laid down by the then Ministry of Health in 1965.

The average daily attendance for the year was 34.3 and the average daily attendances each month are shown in the following table:

<i>Month</i>	<i>Children Aged</i>		<i>Total Average Daily Attendances</i>
	<i>0-2</i>	<i>2-5</i>	
January	11.4	24.0	35.4
February	10.5	25.6	31.0
March	7.6	26.3	33.9
April	10.5	22.3	32.8
May	9.8	26.1	35.9
June	6.2	21.5	27.7
July	9.3	27.0	36.0
August	9.1	25.4	34.5
September	7.4	24.9	32.3
October	8.5	25.9	34.4
November	7.9	27.4	35.3
December	7.6	30.3	37.9

The administration of the Day Nursery has now passed to the Social Services Department of the Surrey County Council.

(ii) Nurseries and Child Minders Regulation Act 1948 as amended by the Health Services and Public Health Act 1968

All persons who wished to register as a Child Minder or to register premises for use as a Play Group were visited by officers authorised by the Local Authority, full personal and medical details obtained and a full inspection made of the premises. Advice was given regarding feeding, proper supply and use of play equipment, safety of the children, etc., and a decision made regarding the number of children to be looked after.

The registration of Child Minders and premises under this Act is now the responsibility of the Social Services Department of the Surrey County Council, but the initial inspection and subsequent supervision will, for the time being, continue to be carried out by the officers of the Borough Health Services Department.

THE UNMARRIED MOTHER AND HER CHILD

The welfare of unmarried mothers and their children continued in the hands of the social workers of the Epsom Deanery Association and the Southwark Catholic Children's Society, but from April 1972 this service was merged into the Social Services Department. During the year six girls living in the Borough ages ranging between 15 and 26 years, were admitted to Voluntary Homes. Five of these went to the West Lodge Mother and Baby Home, Walton-on-Thames, which was opened in November, 1969.

FAMILY PLANNING

The same arrangements have continued during the year as before, namely the Council providing a family planning service indirectly through the Family Planning Association, whose local branch conducts clinics at:

Epsom District Hospital	—	twice a week
Epsom Health Clinic	—	twice a week
Ewell Court Health Clinic	—	once a week
Bourne Hall Health Centre	—	twice a month

One of the sessions at Epsom Health Clinic is devoted to the insertion of the intra-uterine device.

The Regional Hospital Board and the Borough Council provide accommodation and clinic facilities free of charge.

I am very grateful to the Secretary of the Epsom and Ewell branch of the Family Planning Association for the following report:

"During the year ended 31st December, 1971, the Family Planning Association Clinics in the Epsom and Ewell area have been very busy.

506 new patients joined the Association, compared with 450 during previous twelve months. The majority of these patients (213) came as a result of hearing about the Clinics from a friend, 177 were transfers from F.P.A. Clinics in other areas, and many were referred to the Association by their family doctor. Records show that most new patients were in the 20-24 years age group.

Two new Clinics have been opened during the year. In October a morning session started at Bourne Hall Health Centre on the first and third Thursday mornings in the month. This session is gradually building up. It is often more convenient for patients in the West Ewell district to go along to Bourne Hall Health Centre instead of the Health Clinic in Ewell Court Park.

In November the Youth Advisory Clinic opened at Bourne Hall Health Centre on the first, third and fifth Monday evenings in the month. After a slow start attendance at the clinic is gradually increasing. Not all patients need contraceptive advice. Young men as well as young women have sought the opportunity to discuss other problems of a personal and medical nature. It is significant that the friends of some of these young people have now begun to make an appearance at the Clinic."

SEXUALLY TRANSMITTED DISEASES

Press and posters give information to persons, who think they may be suffering from sexually transmitted disease, about hospital centres where free treatment under conditions of privacy may be obtained. Evening clinics were available for both sexes at St. Helier Hospital, Carshalton, and St. Thomas's Hospital, London. Below are given particulars of new cases from this borough attending St. Helier Hospital:

<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other Conditions</i>	
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
3 (2)	— (—)	12 (3)	10 (2)	109 (64)	68 (19)

Figures for 1970 in brackets.

I am grateful to the Consultant Venereologists at St. Helier Hospital who have made the following observations on the situation in 1971:—

"The marked increase in numbers being treated at this Clinic, which you also commented upon, is really a reflection of the universal trend and is not particular to this area. It is always difficult to decide exactly why such an increase should take place but so far as this country is concerned, I think it is a reflection of different standards of behaviour and the ready availability of the contraceptive pill which, of course, offers no protection against the transmission of disease."

"As far as the women are concerned there has not been a tremendous increase in frank cases of gonorrhea and syphilis. The biggest increase is in what we call 'sexually transmitted diseases'. These include Trichomonas, vaginitis, Monilial infections, herpes genitalis, genital warts, pediculus pubis and non-specific cervical infections (usually contacts of male cases of non-specific urethritis). I think it is a good thing that the Public are more aware of the existence of our Clinics, and efficiency of treatment, and certainly there seems to be less hesitation on the part of modern girls to disclose intimate details of their experiences and seek advice if there is anything wrong."

"The advent of the contraceptive pill is, of course, a tremendous temptation to the young unmarried girl to have pre-marital sexual intercourse, as she no longer fears an unwanted pregnancy. Also, from our point of view, it is an additional disadvantage that the male partner no longer uses a sheath, and therefore sexually transmitted diseases are more likely to be passed on. I am sure this is one of the major factors which accounts for the fast rise in the numbers seen, and treated, in our Clinics."

WELL WOMEN CLINIC

The "Well Women" Clinic sessions continued throughout the year at Epsom Health Clinic, Church Street. I am grateful to Mr. H. A. Milne, Consultant Gynaecologist, who conducts the clinic and to Dr. M. Levene, Consultant Pathologist at St. Helier Hospital, who carries out the tests on cervical smears.

The statistics for 1971 are as follows:—

Number of clinic sessions	...	...	...	58	(49)
Number of attendances:					
First appointments	...	...	...	537	(540)
Re-examinations	...	...	...	353	(284)
				890	(824)

Figures for 1970 in brackets.

The majority of the cervical smear results were either normal or showed only minor changes, but it was necessary to refer eight cases back to the Gynaecologist for further investigation and treatment. A substantial number of other abnormalities were discovered during

the general examination, including 10 cases of obesity, 47 breast abnormalities, 73 cases of anaemia and 447 gynaecological conditions of varying degree. These figures emphasize the importance of a full gynaecological examination rather than only concentrating on cervical cytology.

HEALTH EDUCATION

Health Education followed a similar pattern to previous years. Relaxation and Mothercraft courses, each consisting of six weekly meetings were held regularly by the Physiotherapist and Health Visitors at Epsom and Ewell Court Health Clinics and at Bourne Hall Health Centre. Each course was augmented by one evening meeting to which husbands were invited. Parentcraft evenings, to which fathers were invited, were held twice a month at either Epsom or Ewell Court Health Clinic under the supervision of the Health Visitor, the Area Nursing Officer and the Physiotherapist.

“Well Women” clinics have been extended to take in the health education field. The simple question “Do you consider yourself a well woman?” reveals a wide range of problems not only relating to the patient, but also to her family. Health Visitors are available to listen to and help with some of these problems, such as sleep, diet, exercise, slimming, smoking, hygiene, problems with young people, etc. In addition patients are encouraged to have chest X-rays, dental checks and vision checks.

Groups of students from local hospitals and Ewell Technical College visited health clinics during the course of the year to observe the various types of work carried out.

Talks on various aspects of health were given to local organisations and in schools by the Medical Officer of Health, Area Nursing Officer and Health Visitors.

A wide range of leaflets and posters were displayed at all clinics and the Epsom and Ewell Court Health Clinics and Bourne Hall Health Centre are equipped with display boards for health education. Once a month at each Centre the Health Visitors arranged a display on a special topic. Other displays were arranged with the assistance of the Borough Accident Prevention Officer.

A Smokers’ Advisory Clinic was again held on five consecutive evenings at Epsom Health Clinic. Of the 51 members of the public who attended on the first session, 40 completed the course of five evening sessions. By the end of the clinic, 33 people had given up smoking, but a survey carried out six weeks later showed that this number had reduced to 17.

HOME NURSING SERVICE

The arrangements whereby District Nurses are attached to the different group practices of General Practitioners has necessitated the appointment of additional nurses and during the year the establishment of District Nurses/Midwives for the Borough was increased from the equivalent of 15 full time officers to the equivalent of 18 full time officers.

Four members of the District Nursing staff attended refresher courses during 1971.

Below are given particulars of patients nursed during the Year:

Age Group				No. of Patients		No. of Visits	
Under 5 years	...	...	...	30	(8)	349	(354)
Between 5 and 64 years	...	...	...	814	(355)	13,882	(7,051)
65 years and over	...	...	...	1,044	(774)	26,121	(26,913)

As expected the attachment schemes resulted in an increase in the number of patients seen, especially children under 5 years of age and an increase in the number of home visits paid by the Nurses during the year. With the opening of Bourne Hall Health Centre greater efforts have been made to create working teams of General Practitioners, District Nurses and Health Visitors, thereby giving a more comprehensive and satisfactory service.

Patients are now being discharged from hospitals earlier, to the care of the District Nurses, giving the Nurses a wider scope of physical nursing. The patients appreciate the support, advice and health teaching that the District Nursing Service provides.

SERVICES FOR THE ELDERLY

(a) Keep Well Clinics

The clinics for the elderly which have been held for some years at both the Epsom and Ewell Court Health Clinics have now been augmented by a further clinic at the Bourne Hall Health Centre. The object of the clinics is to try and prevent or defer the various medical and social problems occurring in this age group. The sessions are under the general direction of Health Visitors supported by helpers from voluntary organisations, and each elderly person can discuss his or her general, medical and social problems as well as having tests for vision, hearing, blood pressure, anaemia, etc., apart from routine weighing. Advice is given regarding diet, etc., and welfare foods (e.g. Ovaltine) and vitamin supplements are available at cost price.

A Physiotherapist attends regularly and gives group instruction and exercises in order to promote better breathing, mobility and posture. This is, however, only given with the family doctor's consent. Chiropody is provided where found to be necessary. An additional and welcome service provided in conjunction with the Epsom District Hospital was the availability of hearing aid batteries, free of charge, at each of the three Centres.

It must be repeated that these sessions are not held in any sense in competition with the services provided by the family doctors, but rather to help elderly people to remain well and active both in mind and body for as long as possible.

The total attendance figure at these Centres in 1971 was 1,186 compared with 1,253 in 1970.

(b) **Chiropody**

Chiropody was available throughout the year to elderly persons, physically handicapped (including the blind and partially sighted) and expectant mothers.

1. By approved Chiropodists who practise in their own surgeries.
2. By Chiropodists employed by the Council, one full time and four part-time, who do a total of 12 sessions per week.

In every case the maximum charge is 25p per treatment. The Council make no charge for this service to any person who is in receipt of supplementary pension from the Department of Health and Social Security or whose means are so limited that to pay such a charge would be likely to render him eligible to receive a supplementary pension. Domiciliary treatment is provided for any person who is physically unable to make the journey. This service, much appreciated and still expanding, helps to keep the old person ambulant.

Details of treatment given are shown below:—

1. In the surgeries of the Chiropodists approved by the Council:					
Number treated during 1971	...	...	...	971	(911)
Number of treatments given in surgeries	...	...	...	5,323	(4,990)
Number of treatments given in the homes of patients	...	...	...	339	(438)
2. Council Chiropodists:					
Number treated during 1971	...	...	...	1,180	(1,115)
Number of treatments given at Health Clinics and Old People's Homes	...	...	...	3,084	(3,024)
Number of domiciliary treatments	...	...	...	2,287	(2,158)

(c) **Home Help Service**

This service, augmented by the Neighbourly Help Scheme, continued to provide a most important element of community care. The Home Help Service was one of a number of functions which were transferred from the Health Services Department to the Social Services Department in October 1971.

(d) **Incontinent Service**

(i) *Pads*

Incontinence pads and protective under garments are supplied to patients, including handicapped children, free of charge, on the recommendation of a Medical Practitioner, or a member of the Borough Nursing staff. During the year 79 incontinent patients came under the care of the District Nurses. This compares with 59 patients in 1970. This increase demonstrates the real necessity and usefulness of this service.

Where no facilities exist in the home for burning the soiled pads, they are placed in specially made waterproof paper bags supplied by the Public Health Department which arranges for collection and disposal by incineration.

(ii) *Laundry Service*

I must again express my gratitude to the Epsom and West Park Group Hospital Management Committee and in particular to the staff of West Park Hospital for allowing us the use of their laundry facilities and sheets for this important and much appreciated service. An average of 15 persons received this service each week.

(e) **National Assistance (Amendment) Act 1951**

Under Section 47 of the 1948 Act power is given to the Councils of County Boroughs and County Districts to apply to a Court of Summary Jurisdiction for an Order for removal and detention in a suitable hospital or other place:

of persons who are suffering from grave chronic diseases, or being aged, infirm or physically incapacitated are living in insanitary conditions, and of persons who are unable

to devote to themselves, and are not receiving from other persons, proper care and attention.

I am pleased to state that it was not necessary to deal with any cases under the Act during 1971.

(f) Epsom and Ewell Association for the Elderly

The Secretary of the Epsom and Ewell Association for the Elderly in presenting her report for the year states:

"The Executive Committee have met seven times during the year; at the first of these meetings Dr. Lucie Smith and Mrs. Trevan were co-opted on to the Committee.

It was decided that the subject for the Public Meeting held in September should be about Day Centres and speakers came from Woking to talk about running a day centre in a purpose built building, and from Egham where a 15th Century House had been converted for this purpose. The second part of the meeting took the form of a panel of "Any Questions" with Mrs. Grayston, Area Director of Social Services, Mr. Workman, Home Safety Officer, and Mrs. Johnson, a representative of the Electricity Consumer Council.

The Committee are pleased to report that the Borough Council have come to an agreement with the London and Country bus services to introduce a scheme for reduced bus fares for the elderly in April.

The Secretary represented the Association at meetings of the Surrey Association for the Elderly, attended a course at Winchester organised by Age Concern (National Old People's Welfare Council) and was asked by the newly-formed Friends of Richmond House to serve ex-officio on their Committee.

It was decided to have a leaflet printed giving information of the services available in the Borough, together with the addresses, and telephone numbers. These leaflets have proved invaluable; many were distributed by the House-to-House collectors and have brought many enquiries from people who would otherwise not have known of the Association. Altogether over 7,000 leaflets have been distributed."

Central Kitchen — Meals on Wheels

The Secretary also reports:

"In May when the Central Kitchen was being converted to natural gas, meals were prepared by Mrs. Thain and her staff at the Kitchens of Ewell Court House. We are grateful to the Baths Manager for allowing us the use of the premises and to the caretaker for his invaluable help. During the year 29,477 meals were served.

The Committee have always had in their minds the improvements that are needed in the Central Kitchen in order to extend the service but have been hesitant in putting forward ideas, as replanning would be very costly, but with the Day Centre coming into being in 1973, they feel that this must take top priority in the coming year.

It was with dismay and deep regret that the Executive Committee received a letter from the County Organiser of the W.R.V.S. informing the Association that the Home Office were withdrawing the W.R.V.S. van from Epsom as it was needed more in another part of the country. The Executive Committee convey their very warm thanks to Miss Murray and her helpers for all they have contributed to the Meals-on-Wheels service over the past twenty-four years.

The Executive Committee decided that for the moment the mini-bus would take over the W.R.V.S. round, as it would not be practical at this stage to introduce a third van, much as it was needed to extend the service. A special thanks is due to our drivers and voluntary helpers, especially to the members of Townswomen's Guild, who have been helping with the Meals-on-Wheels Service for over ten years, for their invaluable assistance, turning out in all weathers to see that the elderly get a hot meal.

Owing to the continued increase in the cost of overheads it was decided to increase the cost of meals in October from 10p to 11p.

The Committee extend their thanks to the School Meals Service who once again cooked the meals for the elderly whilst the kitchen staff were on holiday.

Without the invaluable work put in by our cook, Mrs. Thain, and her assistant, Mrs. Saunders, and the new part-time assistant Mrs. Hutchins, the meals service could not be carried on with such a high standard of meals that are served daily, so cheerfully."

**EPSOM AND EWELL CITIZEN'S ADVISORY BUREAU AND
LOCAL INFORMATION CENTRE**

The Bureau had to grapple with three major changes during 1971, i.e., decimalisation, Gas Conversion, and the introduction of the Divorce Reform Act, which all came into operation within the space of five months. There were also changes in Social Security benefits, i.e., Family Income Supplement, National Health Prescriptions, Dental and Optical charges, Welfare Milk and Foods, Retirement Pensions, etc.

As in previous years enquiries came from people of all ages and nationalities, including West Indians, Greeks, Chinese, Danish, French, Italians, Polish, Spanish, Cypriots, Americans, Maltese, Australians, New Zealanders, Mauritians, Germans and Irish, with family and work problems, landlord and tenant queries, and enquiries about accommodation, naturalisation and work permits.

When it is realised that Mrs. Margaret Lewis, the Honorary Organiser, and her sixteen colleagues dealt with 40,001 enquiries during the year, it will be seen that the Bureau gives an invaluable and a unique Voluntary Service to the residents of this Borough.

OTHER WELFARE SERVICES

With the implementation of the Local Authority Social Services Act, 1970, amongst other things, the administration of the following services was transferred in 1971 to the Social Services Department of the Surrey County Council:—

Blind and Partially Sighted
Deaf
Physically Handicapped
Mentally Handicapped
Mentally Ill

RECUPERATIVE HOLIDAYS

Holidays are arranged for patients who have been ill in their own homes or in hospital and who require a period of recuperation without nursing or medical care.

Particulars of cases dealt with during the year are as follows :

			<i>Recommended by</i>	<i>Recommended by</i>	
			<i>Hospital</i>	<i>General Practitioners</i>	<i>Total</i>
No. of patients	...	...	3 (3)	15 (20)	18 (23)

This service has now passed to the Social Services Department of the County Council.

MEDICAL ARRANGEMENTS FOR LONG STAY IMMIGRANTS

The medical examination and surveillance of long-stay immigrants was continued in accordance with the advice of the Department of Health and Social Security. During the year we confirmed that 52 Immigrants had taken up residential posts in our local hospitals where they had the usual health checks. Health Visitors called on five other immigrants, advised them on how to make best use of our Health Services and gave each an appointment to attend at Epsom Chest Clinic for chest X-ray

AMBULANCE FACILITIES

The ambulance service is under the control of the Surrey County Council and the main ambulance control station is situated at Walton Lodge, Banstead (telephone Burgh Heath 53491). There is a sub-station in Church Street, Epsom.

Where there is doubt about the maternity patient's fitness for the journey, the decision must be made by the doctor in charge or by a certified midwife who should accompany the patient in the ambulance to hospital. The removal of cases of illness or accident will be arranged by the hospital concerned, or by the medical practitioner in charge of the patient.

In accidents in the home or elsewhere or in case of sudden illness in streets or public places any responsible person may call an ambulance by telephoning 999.

NURSING HOMES ACT AND REGULATIONS 1963

The Nurses Homes Act 1963 and the relevant regulations provide for sufficient and competent staffing, adequate space, furnishing and nursing equipment with sufficient washing facilities, light, heating and ventilation. There was only one Nursing Home in the Borough, which provided 17 beds for geriatric patients, and it was regularly inspected by the Medical Officer of Health and the Borough Nursing Officer. Unfortunately at the end of the year we were advised by the owner that she was having to close down and at the present time there are no registered Nursing Homes in the Borough.

STAFF MEDICAL EXAMINATIONS

During the year the Medical Officer of Health continued to carry out all superannuation and other medical examinations of the Borough Council staff. In all 91 examinations were carried out.

Location and Time-Table of Clinics

ANTE-NATAL CLINICS

Epsom District Hospital	...	...	...	Mon., Thurs.	...	2.00 p.m.
Church Street, Epsom	...	...	...	Tues. (Midwives)	...	2.00 p.m.
Ewell Court, Ewell	...	...	...	Mon.	...	9.30 a.m.-12 noon
Bourne Hall, Ewell	...	...	...	Mon.	...	10.30 a.m.-12 noon

CHILD WELFARE CLINICS

Church Street, Epsom	...	...	...	Mon., Weds.	...	2.00 p.m.-4.00 p.m.
Ewell Court, Ewell	...	...	...	Mon., Weds.	...	1.30 p.m.-4.00 p.m.
Bourne Hall, Ewell	...	...	...	Mon., Fri.	...	2.00 p.m.-4.00 p.m.
Dell Lane, Stoneleigh	...	...	...	Tues.	...	2.00 p.m.-4.00 p.m.
Church Hall, Rosebery Road, Epsom Downs	...	...	...	2nd and 4th Tues. in month	...	2.00 p.m.-4.00 p.m.
Community Centre, Wells Estate, Epsom	...	...	...	1st, 3rd and 5th Tues. in month	...	2.00 p.m.-4.00 p.m.

DENTAL CLINICS

Church Street, Epsom	...	...	...	<i>By appointment</i>
Ewell Court, Ewell	...	...	...	<i>By appointment</i>

EYE CLINICS

Church Street, Epsom	...	...	...	<i>By appointment</i>
Ewell Court, Ewell	...	...	...	<i>By appointment</i>

KEEP WELL CLINICS FOR THE ELDERLY

Church Street, Epsom	...	...	...	Tues.	...	9.30 a.m.-12 noon
Ewell Court, Ewell	...	...	...	Weds.	...	9.30 a.m.-10.45 a.m.
Bourne Hall, Ewell	...	...	...	Weds.	...	11.00 a.m.-12 noon

IMMUNISATION AND VACCINATION CLINICS

Church Street, Epsom	...	...	...	Fri.	...	9.30 a.m.-12 noon
Ewell Court, Ewell	...	...	...	Fri.	...	9.30 a.m.-12 noon

FAMILY PLANNING ASSOCIATION

Epsom District Hospital	...	...	...	Tues., Fri.	...	7.00 p.m.-8.30 p.m.
Church Street, Epsom	...	...	...	Thurs.	...	9.30 a.m.-12 noon
Ewell Court, Ewell	...	...	...	Tues.	...	9.30 a.m.-12 noon
Bourne Hall, Ewell	...	...	...	1st and 3rd Thurs. 1st, 3rd and 5th Mon.	...	9.30 a.m.-12 noon 7.00 p.m.-9.00 p.m.
				(Youth Advisory Clinic)		

CHEST CLINIC

Epsom District Hospital	...	...	...	Mon.	...	9.30 a.m.
				Weds.	...	2.00 p.m.
				Thurs.	...	9.30 a.m.
				Fri.	...	9.30 a.m.
				1st Thurs. in month (B.C.G.)	...	2.00 p.m.

WELL WOMEN CLINIC

Church Street, Epsom	<i>By appointment</i>
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* SEXUALLY TRANSMITTED DISEASES CLINICS

St. Helier Hospital	<i>Males :</i>	Mon.	...	9.30 a.m.-1.30 p.m.
					Wed.	...	4.00 p.m.-6.00 p.m.
					Thurs.	...	4.00 p.m.-6.00 p.m.
				<i>Females :</i>	Tues.	...	4.30 p.m.-6.30 p.m.
					Wed.	...	2.00 p.m.-4.00 p.m.
					Fri.	...	2.00 p.m.-6.00 p.m.

* (and at the out-patients departments of many London Hospitals)

PART THREE

**ENVIRONMENTAL
HEALTH
SERVICES**

To the Mayor, Aldermen and Councillors of the Borough of Epsom and Ewell

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report on the work of the Public Health Inspectors for the year ended 31st December, 1971, in accordance with the Public Health Officers Regulations, 1959.

During recent years the work of the Public Health Inspector has crystallized in the General Environmental Health Services as to Housing—the inspection and repair of unfit houses, the improvement of houses by the provision of modern amenities and the work connected with the issue of Qualification Certificates under the “fair rents” scheme; the protection of food including food hygiene, sampling, investigation of complaints and the taking of legal proceedings; the health and welfare of office workers and shop assistants and matters of air pollution as they relate to the discharge of smoke and sulphur dioxide.

The Report sets out in detail the work carried out, on which I comment as follows:—

(a) Statistics.

The total number of inspections and visits has increased from 9,827 in 1970 to 11,474 this year, the additional work being found mainly in those sections dealing with Housing, Drainage, Food Hygiene, Infectious Disease, and Offices and Shops.

(b) Housing.

Much of the work has been directed towards the improvement of houses and very good progress is seen in the six Compulsory Improvement Areas where, with one exception, owners have responded well to the Council's desire for improved standards. The exception relates to a part of Horton Hill, Epsom, and here the necessary works are being carried out by the Council in default.

(c) Clean Air and Bonfires.

I would draw attention to the details of the campaign directed to the reduction of nuisance from domestic bonfires. It is hoped that householders will see the virtue of making garden compost and so avoid contamination of the air with smoke.

An encouraging result is the greatly increased volume of garden refuse now being received at the Council's Depot, Longmead, Epsom.

(d) Food Hygiene.

In this section of the work of the Department, inspections and visits increased from 1,266 in 1970 to 1,485 this year illustrating that the supervision of food premises and the cleanliness of food are major aspects of control measures now in force.

(e) Rodent Control.

I draw attention to the new measures being introduced in Epsom at the request of the Ministry of Agriculture, Fisheries and Food, where it is hoped that the experiment will lead to the better control of rodents.

I have singled out only some of the aspects of the work of the Department, but commend with diffidence a full study of my Report which illustrates the diversity of the duties of the Public Health Inspector of today.

I would like to make mention of a change in the establishment, which perforce was made during the year.

Mr. W. C. Alder, my Deputy for ten years with a total of nearly 20 years' service with the Council, was forced by illness to retire from that position in April. However, the Council, with commendable wisdom, were able to offer Mr. Alder a temporary position in the Department as Technical Officer, and in spite of his disability his continued presence is of much value to us all. I would like to thank Mr. Alder for his work as my Deputy and hope he may continue to serve the Council for many years.

I would like to record my appreciation to the Members of the Council for their continued support and particularly to Alderman W. J. Clark, P.P.I.A.S., F.R.S.A., F.R.S.H., Chairman of the Public Health Committee, for the help and guidance proffered by Dr. T. A. Plumley, Medical Officer of Health, to the Officers of other Departments for their co-operation and to the staff of the Department for their continuing loyal support.

I am, Ladies and Gentlemen, Your obedient servant,

L. H. GRACE,
Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

Summary of Inspections and Visits

Dwelling Houses :									
Under P.H. Act and Housing Acts	...	...	...	...	...	...	...	...	801
Reinspections	...	...	...	...	...	...	...	...	1,371
Multiple Occupation	...	...	...	...	...	...	...	...	122
Other Premises :									
Under P.H. Acts 1936 and 1961	...	...	...	...	...	...	...	...	70
Reinspections	...	...	...	...	...	...	...	...	338
Caravans	...	...	...	...	...	...	...	...	123
Complaints investigated (excluding rats and mice)	...	...	...	...	...	...	...	...	461
Drainage :									
Inspections	...	...	...	...	...	...	...	...	1,314
Air, Smoke, Water and Other Tests	...	...	...	...	...	...	...	...	360
Cesspools Inspected	...	...	...	...	...	...	...	...	107
Animal Boarding Establishments Act, 1963	...	...	...	...	...	...	...	...	44
Clean Air Acts 1956—68 :									
Survey Visits	...	...	...	...	...	...	...	...	153
Smoke Observations or Air Pollution	...	...	...	...	...	...	...	...	344
Epsom Downs	...	...	...	...	...	...	...	...	74
Factories :									
With Power	...	...	...	...	...	...	...	...	44
Outworkers	...	...	...	...	...	...	...	...	10
Food :									
Inspection of Premises	...	...	...	...	...	...	...	...	1,485
Visits re Unsound Food	...	...	...	...	...	...	...	...	337
Hairdressing Establishments	...	...	...	...	...	...	...	...	35
Heating Appliances and Fireguards	...	...	...	...	...	...	...	...	48
Infectious Diseases—Enquiries and Visits	...	...	...	...	...	...	...	...	299
Insect Pests	...	...	...	...	...	...	...	...	179
Keeping of Animals or Poultry	...	...	...	...	...	...	...	...	11
Noise Abatement Act, 1960	...	...	...	...	...	...	...	...	122
Offices, Shops and Railway Premises Act, 1963 :									
Offices	...	...	...	...	...	...	...	...	72
Shops	...	...	...	...	...	...	...	...	792
Pet Animals Act, 1951	...	...	...	...	...	...	...	...	23
Pigeons, Destruction of	...	...	...	...	...	...	...	...	58
Public Conveniences	...	...	...	...	...	...	...	...	54
Refuse Collection, Dustbins, etc.	...	...	...	...	...	...	...	...	202
Riding Establishments Act, 1964	...	...	...	...	...	...	...	...	79
Rivers and Streams	...	...	...	...	...	...	...	...	26
Rodent Infestation	...	...	...	...	...	...	...	...	181
Schools—Sanitary Accommodation, Disinfestation, etc.	...	...	...	...	...	...	...	...	24
Shops Act, 1950—Hours, etc.	...	...	...	...	...	...	...	...	909
Squirrels	...	...	...	...	...	...	...	...	31
Stables and Piggeries	...	...	...	...	...	...	...	...	18
Swimming Pools	...	...	...	...	...	...	...	...	107
Theatres, Cinemas, Halls, etc.	...	...	...	...	...	...	...	...	2
Vacant Land, Dumps, etc.	...	...	...	...	...	...	...	...	111
Visits—Chalk Pit, etc.	...	...	...	...	...	...	...	...	94
Visits—Miscellaneous	...	...	...	...	...	...	...	...	439
									11,474

COMPLAINTS

The following is a summary of complaints received during the year

Choked or defective drains	...	...	...	...	...	...	...	...	...	38
Dirty Milk Bottles	...	...	...	...	...	...	...	...	...	5
Dogs Fouling Footpaths, etc.	...	...	...	...	...	...	...	...	...	6
Flooding, etc.	...	...	...	...	...	...	...	...	...	8
Foxes	...	...	...	...	...	...	...	...	...	4
Insanitary Condition of Premises	...	...	...	...	...	...	...	...	...	106
Insect Pests	...	...	...	...	...	...	...	...	...	49
Land	...	...	...	...	...	...	...	...	...	7
Noise	...	...	...	...	...	...	...	...	...	29
Offensive Smells	...	...	...	...	...	...	...	...	...	53
Pigeons	...	...	...	...	...	...	...	...	...	18
Refuse Disposal	...	...	...	...	...	...	...	...	...	36
Smoke	...	...	...	...	...	...	...	...	...	61
Squirrels	...	...	...	...	...	...	...	...	...	12
Unsound Foods	...	...	...	...	...	...	...	...	...	86
Miscellaneous	...	...	...	...	...	...	...	...	...	34
										552
Complaints received in respect of Rats and Mice Infestations	...	...	...	...	...	...	...	...	...	619
										1,171

NOTICES

Number of Notices served under the following Acts

Public Health Act 1936 (Section 93) Statutory	...	...	...	...	...	...	...	10
Public Health Act 1936 (Informal)	...	...	...	...	...	...	...	55
Factories Act 1961 (Informal)	...	...	...	...	...	...	...	2
Food and Drugs Act 1955 (Informal)	...	...	...	...	...	...	...	50
Offices, Shops and Railway Premises Act 1963 (Informal)	...	...	...	...	...	...	...	18
								135

FACTORIES ACT 1961

Prescribed Particulars on the Administration of the Factories Act 1961

- (1) Inspections for purpose of provisions as to health (including inspections made by Public Health Inspectors)

<i>Premises</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Number of Written Notices</i>	<i>Occupiers Prosecuted</i>
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	—	—	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	159	44	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	—	—	—	—
Total	159	44	1	—

(2) Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	1	1	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	1	1	—	—	—

(3) Outwork (Sections 133 and 134)

<i>Nature of Work</i>	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of out-workers in August list required by Section 133 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of Prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel (making etc. cleaning and washing)	11	—	—	—	—	—
Lace, lace curtains and nets	2	—	—	—	—	—
Painting pictures on Tapestries	1	—	—	—	—	—
Packing of inert goods	2	—	—	—	—	—
Umbrellas, etc.	1	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	1	—	—	—	—	—
Lampshades	5	—	—	—	—	—
Total	23	—	—	—	—	—

HOUSING

I. Inspection of dwelling-houses during the year

1. (a)	Total number of dwelling-houses inspected under the Public Health or Housing Acts	801
(b)	Number of inspections or re-inspections	1,371
2.	Number of dwelling-houses found not to be in all respects reasonably fit for human habitation	90

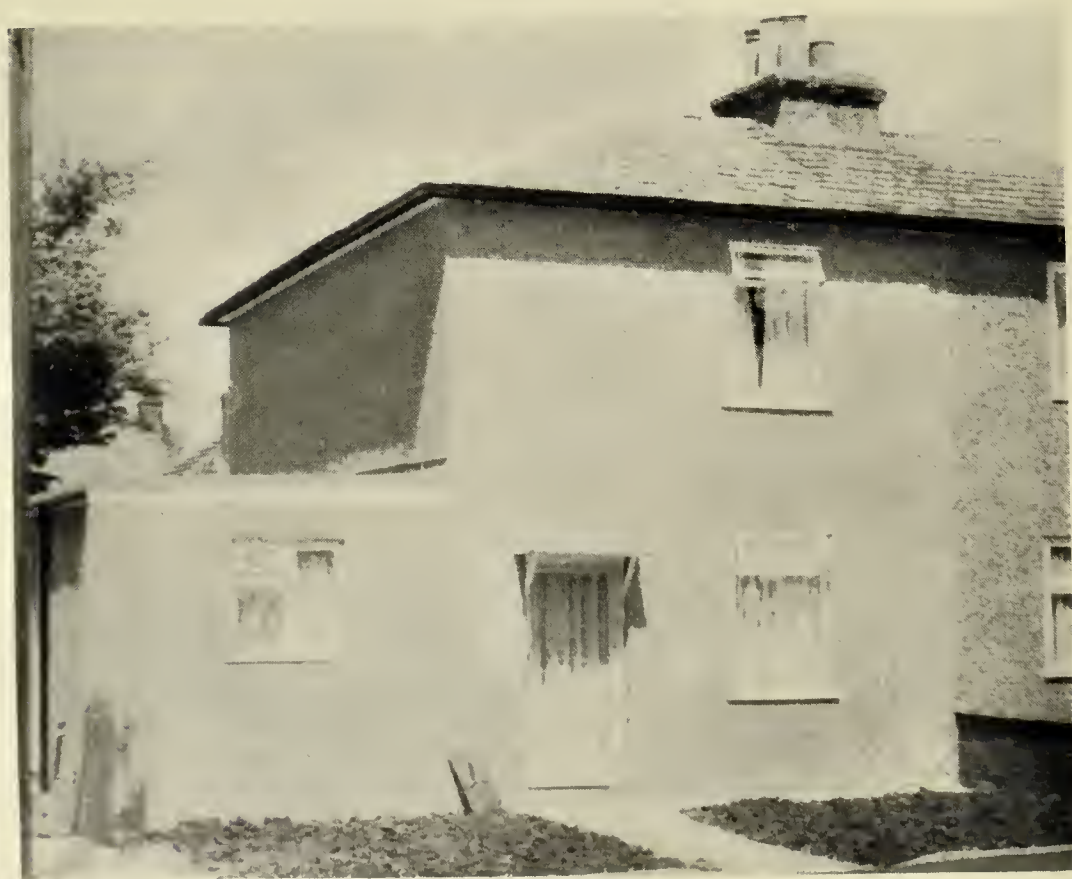
II. Number of defective dwelling-houses rendered fit

(a)	After Informal Notice	65
(b)	After service of Formal Notice	4
(c)	Number of Notices outstanding at end of year	21

IMPROVEMENT OF HOUSES BY GRANT AID



Before



After

III. Proceedings under the Housing Act, 1957

Individual Unfit Houses:—

Number of dwelling-houses found unfit for human habitation and represented under Section 16(1)	5
Closing Orders made	3
Demolition Orders made	1
Orders pending at December, 1971	2
Revocation of Closing Order on house being made fit	1

Clearance Areas

No. 1 Clearance Area 1967

Comprising seven dwellings; Area declared.

Houses purchased by Council for redevelopment and sale for Old People's Dwellings.

One tenant has been re-housed and one other house is empty.

It is anticipated that the remaining occupiers will be re-housed in 1972.

The redevelopment of the site for Old People's dwellings will follow.

Proposed Clearance Area

Nos. 0-20 Garden Cottages and 33, 35 and 37 East Street, Epsom.

These houses were formally inspected for the purpose of presenting an Official Representation early in 1972.

Slum Clearance—Progress

Since 1955, which was the year of national survey for slum clearance, 177 properties have been dealt with as the result of Clearance Areas, the making of Demolition or Closing Orders and the reconditioning of Unfit Houses. In the majority of cases, the displaced families have been rehoused by the Corporation.

An assessment of progress, taken on information available to the Department as to the condition of houses not yet formally inspected, shows that approximately 112 properties may require action to secure their demolition, closure or reconditioning. This figure of 112 will be reduced to 88 by the proposed Clearance Area mentioned in the previous paragraph.

The problem is not a large one as judged by the total number of dwellings in the Borough, 23,127 at 31st December, 1971.

Improvement of Houses

Steady progress took place in the improvement and repair of tenanted dwellings comprised within the six Compulsory Improvement Areas, declared under the Housing Act, 1964; these being:—

No. 1 Improvement Area declared 1965.

Chessington Road and Oakdale Road, West Ewell.

Area comprised 54 houses of which 11 were tenanted and capable of improvement.

Progress:—Improved: 10 houses. Five year review: 1 house (Suspended Notice withdrawn).

No. 2 Improvement Area declared 1966.

Hurst Road, Horton Footpath, Lower Court Road and Upper Court Road, Epsom.

Area comprised 210 houses of which 48 were tenanted and capable of improvement.

Progress:—Improved: 28 houses; 6 houses sold. Five year review: 14 Suspended Notices, (5 Final Notices, 8 Withdrawal Notices, 1 house sold). Final Appreciation: 35 houses improved, 5 to be improved, 8 position static on withdrawal of Notices.

No. 3 Improvement Area declared 1967.

Hook Road and Miles Road, Epsom.

Area comprised 298 houses of which 64 were tenanted and capable of improvement.

Progress:—Improved: 27 houses. Purchased by Council and improved: 5 houses. Sold to tenant: 1 house. Notice withdrawn: 1 house. Subject to five year review (Nov. 1972): 30 houses (Suspended Notices).

No. 4 Improvement Area declared 1968.

Horton Hill, Epsom.

Area comprised 118 houses of which 81 were tenanted and capable of improvement.

Progress:—Improved: 2 houses. Not improved: 51 houses, (Work in default by Council commenced on 12 houses). Subject to five year review (June 1973): 28 houses (Suspended Notices).

No. 5 Improvement Area declared 1969.

Horton Hill (Part of), Epsom.

Area comprised 44 houses of which 11 were tenanted and capable of improvement.
Progress:—Improved: 4 houses, 6 houses—works in progress. Subject to five year review (April 1974): 1 house.

No. 6 Improvement Area declared 1969.

Elm Road and Kingston Road (Part of), Ewell.

Area comprised 79 houses of which 16 were tenanted and capable of improvement.
Progress:—Improved: 7 houses, 5 houses—works in progress. Subject to five year review (April 1974): 4 houses (Suspended Notices).

Tenanted Premises not in Compulsory Improvement Areas

Since the inception of the Housing Act, 1964, 20 applications have been received from tenants of rented properties seeking the Council to exercise its powers under Section 19 to enforce improvement by the installation of Standard Amenities; to present date the position is:—

14—have been improved by the installation of Standard Amenities.

1—has been subject to a Closing Order under the Housing Act, 1957.

1—application has been withdrawn.

4—dwellings are the subject of negotiation with the view to improvement.

During the year 75 Standard Grants and 63 Discretionary Grants were approved by the Council, these numbers include applications in respect of properties being compulsorily improved. The photographs facing Page 39 illustrate the improvement with grant aid of a typical cottage property in the Borough.

Qualification Certificates

Since the coming into operation of the Housing Act, 1969, 447 applications have been received for the issue of Certificates in respect of 439 tenanted properties, being divided into:—

Provisional Certificates Section 44(2)	72
Full Certificates Section 44(1)	367

Many applications made in good faith are subsequently found, on inspection, to be invalid due to the absence of fittings stated to exist, and this leads in many cases to re-applications for Provisional Certificates and the request for either Standard or Discretionary Grants.

In the year under review the following Certificates were applied for and issued as follows:—
Applications

Provisional Certificates	46
Full Certificates	65

Certificates Issued (Including those outstanding from 1970)

Provisional Certificates (A.3)	43
Full Certificates (A.4)	21
Full Certificates (B.6)	82

Certificates Refused	1
-----------------------------	---

Every house is inspected upon receipt of an application, and where found not in all respects fit for human habitation, or not in a good state of repair, the owner is required to give a written undertaking in respect of additional works, should his application refer to a Provisional Certificate, or to carry out works as may be detailed before a Full Certificate is issued.

At the end of the year 49 applications were subject to negotiation in that additional repairs were required.

Houses in Multiple Occupation

The number of premises at the end of the year known to be in multiple occupation was 26, being an increase of 6 on the previous year, and in the control thereof 122 inspections were made. The Council has adopted standards in respect of the occupation of these premises and there has been no difficulty in their enforcement.

Rent Act, 1957—Certificates of Disrepair

As in 1970, no applications for Certificates of Disrepair were made during the year. This is probably due to the effects of the Housing Act, 1969, where owners are now anxious to repair their tenanted properties and so establish the 'fair rent' which then may be charged.

FOOD AND DRUGS ACT 1955

Inspections and Supervision of Food

The inspection of food premises is a major duty imposed on Local Authorities and in this section of the Report will be seen the record of how this is achieved, in the main as to inspection of food for human consumption, inspection of retail and wholesale premises, sampling of food, both chemical and bacteriological and when necessary the taking of legal proceedings.

On the 1st March, 1971, the new Food Hygiene (General) Regulations 1970, came into force and, like the earlier Regulations, they demand that food is handled under hygienic conditions, that the premises, fittings and equipment are clean and suitable and are kept that way, that the food handlers keep clean and follow good hygienic practices and that suitable and adequate facilities for keeping clean are provided.

One of the new provisions requires handlers of open food to wear clean and washable overclothing. Another stops the sale of pet food from food shops unless it is in a closed can or other suitable, properly sealed container. A third applies the regulations to a limited extent and for the first time on the farm. Farm premises where the businesses of packing or storing of eggs, fruit or vegetables are carried on are those concerned.

The Regulations apply throughout the food and catering trades embracing both retail and wholesale businesses and include clubs, schools, residential establishments, staff canteens and shops.

Street trading and stalls on Epsom Downs are controlled by the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966, which have been amended by the new general regulations.

The number of food premises in the Borough grouped in categories of trade are listed below:—

Bakehouses and Bakers' Shops	...	...	...	...	...	...	...	...	17
Butchers	...	...	...	...	...	...	...	...	30
Cafes	...	...	...	...	...	...	...	...	48
Clubs	...	...	...	...	...	...	...	...	15
Confectioners	...	...	...	...	...	...	...	...	62
Dairies and Milk Depots	...	...	...	...	...	...	...	...	3
Fishmongers and Fried Fish Shops	...	...	...	...	...	...	...	...	18
Greengrocers (Wholesale and Retail)	...	...	...	...	...	...	...	...	32
Grocers (Wholesale and Retail)	...	...	...	...	...	...	...	...	63
Kitchens :									
Factory	...	...	...	...	...	...	...	...	13
Hotel	...	...	...	...	...	...	...	...	11
Hospital and Nursing Home	...	...	...	...	...	...	...	...	8
School—Public	...	...	...	...	...	...	...	...	18
School—Private	...	...	...	...	...	...	...	...	10
Multiple Food Stores (Supermarkets)	...	...	...	...	...	...	...	...	11
Public Houses and Off-Licences	...	...	...	...	...	...	...	...	61
Total	...	...	...	...	...	...	...	...	420

Of the preceding premises, 193 are registered under Section 16 of the Food and Drugs Act 1955 as follows:—

Manufacture of ice cream	...	...	...	...	...	...	...	1
Retail sale of ice cream	...	...	...	...	...	...	...	129
Preparation or manufacture for sale of sausages or potted, pressed, pickled or preserved food	...	...	...	...	...	...	...	64

The inspection of Food Premises is a constant duty imposed by the Regulations. The number of inspections made during the year is shown in the following table:—

<i>Type of Premises and Vehicles</i>	<i>No. of Inspections and Visits</i>
Bakehouses	16
Bakers and Confectioners	43
Butchers	153
Cafes, Canteens and Kitchens	335
Dairies and Milk Shops	19
Fishmongers and Poulterers	37
Fried Fish Shops	13
Greengrocers and Fruiterers	103
Grocery and Provision Stores	271
Ice Cream Manufacturers	42
Ice Cream Retailers	1
Ice Cream Vehicles	26
Licensed Premises	101
Market Stalls and Food Vehicles (including Epsom Downs)	102
Sweets and Sugar Confectionery	54
Visits, miscellaneous (not included above)	102
Multiple Food Stores	67
	<hr/>
	1,485

Informal Action

Arising from the 1,485 inspections and visits to food premises action to secure compliance with the Regulations was obtained through verbal or written Informal Notices with 98 items receiving attention.

MILK

Milk Production

There is one milk producer in the Borough. The supply is collected and pasteurised outside the Borough by the trade.

Milk Supply

All milk sold is retailed by a few large Dairy Companies, being mainly produced in distant areas and transported to large processing plants within the London Region.

The sale of untreated milk has steadily declined during the post-war years and is now of negligible amount.

Control in respect of the distribution and types of milk sold in the Borough is obtained under the following Regulations:

- (a) Distribution
 - Milk and Dairies (General) Regulations 1959:

Milk Distributors registered in this area	3
--	---
- (b) Licensing
 - Milk (Special Designation) Regulations 1963 and the Milk (Special Designation) (Amendment) Regulations 1965.
 - Dealers (Pre-packed) Milk Licences valid for a maximum period of five years expiring on 31st December, 1975, were in force in respect of the following milks:

Untreated	2
Pasteurised	24
Sterilised	15
Ultra Heat Treated	28

Milk Sampling

During the year 151 samples of milk were taken from milk distributors, including supplies to local hospitals and schools, and submitted for bacteriological examination.

The following summary gives details of the grade of milk samples and results of the examinations:

<i>Grade</i>	<i>No. of Samples</i>
Untreated	6
Pasteurised	117
Sterilised	8
Ultra Heat Treated	20

Results of Tests

					Methylene Blue	Phos- phatase	Turbidity	Colony Count
Untreated					6	—	—	—
Pasteurised					117	117	—	—
Sterilised					8	—	8	—
Ultra Heat Treated					—	—	—	20

All the tests were satisfactory for the purposes applied.

ICE CREAM

Registration

There are 129 premises registered for the sale and storage of ice cream and of this number one is also registered for the manufacture, in accordance with Section 14 of the Food and Drugs Act 1955. With the exception of the one manufacturer, all retailers obtain their supplies from outside the Borough. It should be noted that mobile vans selling ice cream are not registerable, but are controlled through the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966.

Bacteriological Sampling

During the year 89 samples of ice cream were taken for bacteriological examination. The provisional grading showed the following results:—

				Soft	Hard/Prepacked	Total
Grade I				7	62	69
Grade II				—	2	2
Grade III				2	3	5
Grade IV				5	8	13
				—	—	—
				14	75	89
				—	—	—

The standard which determines the bacteriological state of the ice cream has no statutory enforcement and those falling within Grades III and IV are not judged as being unfit for human consumption.

Sampling for Chemical Analysis

During the year 125 samples were submitted for chemical analysis and it will be seen from the following summary that a wide range of commodities was covered.

Commodity	Number of Samples Examined		Reported Adulterated or otherwise giving rise to Irregularity	
	Formal	Informal	Formal	Informal
Alcohol	2	—	—	—
Cake Cream	—	2	—	—
Cake Mix	—	4	—	1
Coffee	—	2	—	—
Cooking Aids	—	17	—	—
Crisps	—	1	—	—
Dairy Products	—	2	—	—
Desserts	—	9	—	—
Drinks, soft	—	4	—	—
Fish, tinned	—	5	—	—
Fruit, tinned	—	2	—	—
Health Foods	—	3	—	—
Margarine	1	—	—	—
Meat & Meat Products	1	8	—	—
Menthocol	—	1	—	—
Milk	11	8	—	—
Paella	—	1	—	—
Preserves	—	2	—	—
Purees & Sauces	—	6	—	—
Ravioli	—	1	—	—
Sausages	11	1	—	—
Savoury Spreads	—	12	—	1
Suet	—	1	—	—

Sweets	...	...	...	...	...	—	3	—	—
Sweetex	...	...	...	...	...	—	1	—	—
Tablets, nerve	...	...	...	...	...	—	1	—	—
Vegetables, tinned	...	...	...	...	...	—	2	—	—
Total	...	...	...	...	...	26	99	—	2

Of the 125 samples, two were reported as unsatisfactory, details of which are given below:—

Sample No. and Description *Irregularity*

Sample No. 33 (Informal)

Chicken & Veal Spread ... This sample gave a deficiency of 7% (Fish and Meat Spreadable Products Regulations 1968). Product imported from Australia—Representations made to Importing Merchants, with satisfactory outcome.

Sample No. 83 (Informal)

Scone Mix ... The Public Analyst found that a permitted antioxidant had not been declared on the label. Reprinting of the label was effected.

SUMMARY OF ALL SAMPLES

Food and Drugs

Chemical Analysis (including ice cream, milk and water)

Formal	...	...	...	...	...	...	26	
Informal	...	...	...	...	...	...	99	
							—	125
Water	...	...	...	...	...	...		2

Bacteriological Analysis

Ice Cream :	Wrapped	...	...	...	...	75	
	Soft	...	...	...	...	14	
						<hr/>	89
Milk :	Pasteurised	...	...	...	...	117	
	Sterilised	...	...	...	...	8	
	Ultra Heat Treated	...	...	...	...	20	
	Untreated	...	...	...	...	6	
						<hr/>	151
Sundry Foods	...	...	...	...	...	90	
						<hr/>	90
Water :	Domestic	...	...	...	...	178	
	Mental Hospitals :						
	Deep Well	...	...	...	...	9	
	Mixed Supply	...	...	...	...	16	
	Mains Supply	...	...	...	...	71	
	Swimming Baths and Pools	...	...	...	...	78	
						<hr/>	352
							<hr/>
							682
							<hr/>
							809

MEAT AND OTHER FOODS

Slaughterhouses

There are no licensed slaughterhouses in the Borough

Condemned Meat and Other Foods

The following meat and other foods were inspected at shop and food stores within the Borough and found to be unfit for human consumption.

<i>Commodity</i>	<i>No.</i>	<i>Cwts.</i>	<i>lbs.</i>	<i>No. Tins or Jars</i>	<i>No. Packets or Cartons</i>
Fish, fresh	—	—	28	—	—
Fish, frozen	—	1	46	—	—
Fish, tinned	—	—	—	24	—
Foods, frozen	—	—	—	—	17,728
Fruit, fresh	300	—	—	—	—
Fruit, tinned	—	—	—	439	—
Ice Cream	—	—	—	—	1,399
Meat, fresh	—	18	21	—	—
Meat, frozen	—	8	47	—	—
Meat, tinned	—	—	50	—	—
Meat, tinned	—	—	—	19	—
Milk Products	—	—	—	25	—
Poultry, fresh	44	—	—	—	—
Poultry, frozen	2,074	—	—	—	—
Vegetables, tinned	—	—	—	140	—
Sundry Foodstuffs	—	—	—	—	13
Dairy Products, frozen	—	—	—	—	1,510

Butchers' Shops

There are 30 butchers' shops in the Borough, all of which have been periodically inspected during the year, 153 visits being made.

The high standard of cleanliness and equipment which has for many years characterised this type of food shop was maintained.

Bakehouses

Sixteen inspections and visits were made during the year to the five bakehouses which, however, supply only a small proportion of the bread and confectionery sold, the remainder being produced by the large Companies outside the Borough and distributed through food shops and by mobile vans.

Complaints

During the year 63 (53) complaints were received in respect of food generally with 8 (11) specifically in respect of milk and milk bottles.

Four (9) prosecutions were taken, details of which are given below.

The figures in brackets are for 1970.

Case No. 1. (Section 2 Food and Drugs Act 1955).

Sale of rice containing cigarette end—Defendants pleaded guilty—fined £25 with £25 costs.

Case No. 2. (Milk and Dairies (General) Regulations 1959).

Sale of bottle of milk containing fruit fly larvae—Defendants pleaded guilty—fined £25 with £14.14.6d. costs.

Case No. 3. (Milk and Dairies (General) Regulations 1959).

Sale of bottle of milk containing paper—Defendants pleaded guilty—fined £15 with £14.14.6d. costs.

Case No. 4. (Section 2 Food and Drugs Act 1955).

Sale of mouldy loaf of bread—Defendants pleaded guilty—fined £20 with £15 costs.

FOOD HYGIENE

One of the most important aspects of the storage, handling and sale of food is the observance of good hygienic practices. Although it is rare nowadays to find food premises deficient in structural standards or lacking in essential equipment, it is still necessary to instruct and teach food handlers the basic principles of hygiene.

In this connection the larger retail trading companies are setting aside early morning training sessions for their staff and the opportunity has been taken for the Public Health Inspector to give short lectures on Food Hygiene.

Additionally, the Public Health Inspectors also talk whenever possible to the members of local organisations on all aspects of Food and Drugs administration.

SHOPS ACTS 1950 AND 1965

The Council is the authority responsible for the enforcement of the provisions of the Act as they relate to Hours of Closing and Sunday Trading.

The General Closing Hours are 8 o'clock with 9 o'clock on the late day. Wednesday is generally recognised as the Early Closing Day but the effect of the Shops (Early Closing Days) Act 1965 allows the shopkeeper to choose his own Early Closing Day and strict observance of Wednesday is decreasing. No Orders as to six-day trading are in force in the Borough.

Inspections and visits relating to shop hours and the posting of notices numbered 909.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The following report on work of administration of the Act during the year has been submitted to the Department of Employment.

Table A
Registrations and General Inspections

<i>Class of Premises</i>	<i>No. Premises registered during year</i>	<i>Total No. Premises registered end of year</i>	<i>Premises receiving Inspection during year</i>
Offices	12	274	66
Retail shops	7	456	273
Wholesale shops, warehouses	1	19	6
Catering establishments open to the public, canteens	—	62	46
Fuel storage depots	—	1	—
Total	20	812	391

Table B
Number of visits of all kinds by Inspectors to Registered Premises 864

Table C
Analysis by Workplace of persons Employed in
Registered Premises at the end of year.

<i>Class of Workplace</i>	<i>Number of Persons Employed</i>
Offices	4,027
Retail shops	2,189
Wholesale departments, warehouses	139
Catering establishments open to the public	420
Canteens	65
Fuel storage depots	1
Total	6,841
Total Males	3,589
Total Females	3,252

There has been a good and uniform acceptance by those concerned as to the requirements of this new legislation and the routine inspection of offices and shops now forms a part of the Public Health Inspectors' normal duties.

Seven accidents were reported during the year. Each was investigated and a quarterly return thereon was submitted to the Department of Employment.

CLEAN AIR ACTS 1956/1968

Measurement of Air Pollution

Since 1963/4, the measurement of smoke and sulphur dioxide in the air has been monitored at the two stations set up in Epsom and Ewell, in conjunction with the Warren Spring Laboratory, Department of Trade and Industry.

The following tables show that there has been a marked fall in the amount of smoke and SO₂ measured in microgrammes per cubic metre, from the year 1965, and the readings for that year compared very favourably with like readings in other Authorities with similar physical characteristics.

**GET IN
ON THE
CLEAN AIR ACT**

**ABOLISH
SMOKY
BONFIRES**

**AND
HELP US
KEEP THE BOROUGH
A PLEASANT HEALTHY
PLACE TO LIVE IN**



The Council's appeal to Residents

The Council has not considered it necessary to promote smoke control areas in the light of the original low recordings and the subsequent marked improvement. This improvement is the result of social change whereby the householder has changed from the burning of coal to the use of electricity, gas, oil and smokeless fuels, for space heating and domestic hot water.

With the continuing fall in the yearly average smoke concentrations in the air to below 50 microgrammes per cubic metre, which is the accepted mean for London and the South East, it was decided to discontinue the monitoring of smoke and SO₂ during the summer months, commencing in April, 1971.

In spite of the continued fall in the measured amounts of smoke, it was decided to tackle the thorny problem of bonfires. Accordingly in the Spring a campaign was mounted drawing the attention of residents to the nuisance caused by this widespread practice. The following message was printed on a leaflet accompanying the rate demand notices:—

Bonfires on Domestic Premises

The Public Health Committee would like to enlist the co-operation of all residents in the Borough in further reducing the amount of smoke discharged into the air.

They therefore seek your co-operation to keep to a minimum the burning of garden refuse, most of which can be satisfactorily composted to the benefit of the garden. (Items such as rose trimmings, tree prunings, etc., not suitable for composting, may be burnt when dry with relatively little smoke),

and a letter was sent to the Horticultural Associations, Local Societies, Ratepayers' Organisations, Political Parties, etc., asking them to bring the wishes of the Council to the notice of their members. Additionally, a poster was distributed around the Borough, which is reproduced opposite.

It is not possible to gauge the result of this campaign but a positive pointer is seen in the increased amount of garden refuse being brought to the Council's Reception Depot, Longmead, Epsom.

Complaints

One hundred and fourteen complaints were received in connection with smoke nuisances, 61 of which related to bonfires. Of the remainder, many were concerned with the chimney of the Epsom District Hospital, and following representations to the appropriate Ministry, by the Council, I am pleased to report that a temporary oil burning boiler was brought into use in November and the coal-fired furnaces drawn. The Hospital will ultimately be provided with four boilers capable of burning gas or oil.

EPSOM DOWNS

Sale of Food

The majority of vehicles and stalls vending food on Epsom Downs now comply with the requirements of the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 and arrangements are made to provide a piped water supply.

Special inspections are carried out during the Racing Periods and regular visits made throughout the year. Samples of water, ice cream and other foods are taken as part of the control measures in force.

Sanitary Accommodation

In addition to the modern public convenience opened in 1969, the Council provides five mobile conveniences for use at the Race Meetings. These temporary conveniences are piped with a mains water supply and discharged to the public sewer. They are of modern design and replace the original converted trolley buses.

Cleansing

The cleansing of the Downs during and after Race Meetings is carried out under the direction of the Epsom Grand Stand Association Limited. At other times the cleansing of the Downs is the responsibility of the Conservators.

Gypsies — Caravans

The Grand Stand Association Limited applied for a licence in respect of one site adjacent to the Rubbing House Hotel and extending to Langley Vale Road. A temporary caravan licence was granted by the Council and such was the demand by caravanners that many of the vans and their towing cars and/or lorries overflowed onto the Hill proper.

EWELL NO. 1
READINGS TAKEN FROM DAILY SMOKE AND SULPHUR DIOXIDE RECORDING APPARATUS AT
EWELL COUNTY SECONDARY SCHOOL (NEWBURY DEPARTMENT), STONELEIGH
Smoke Concentration (Microgrammes per cu. metre)

	YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading	1965	N	105	71	30	17	N	N	16	23	79	93	62
	1967	65	47	16	30	16	8	8	12	20	16	83	83
	1968	63	68	31	26	62	15	15	16	17	22	52	87
	1969	57	63	57	17	15	14	14	16	23	39	28	61
	1970	50	46	26	17	20	9	9	13	14	26	29	57
	1971	46	37	27	C	C	C	C	C	C	28		
Highest daily reading	1965	367	280	243	79	48	44	34	56	51	226	228	302
	1967	173	136	32	57	37	25	21	42	40	37	307	230
	1968	150	226	88	71	151	51	32	49	47	66	176	271
	1969	220	187	104	50	37	27	26	37	53	118	109	220
	1970	155	109	84	49	51	43	26	32	30	83	92	273
	1971	163	87	100	C	C	C	C	C	C	86		
Lowest daily reading	1965	10	22	14	9	7	3	4	4	6	10	10	10
	1967	18	14	3	10	3	3	3	3	4	6	13	9
	1968	3	7	6	6	21	3	5	6	5	2	8	11
	1969	6	13	22	3	4	5	5	4	5	9	6	23
	1970	14	17	7	3	2	3	1	4	1	6	5	10
	1971	4	8	7	C	C	C	C	C	C	3		

Sulphur Dioxide Concentration (Microgrammes per cu. metre)

	YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading	1965	N	290	271	109	92	N	N	56	82	220	225	183
	1967	323	184	120	183	163	99	105	65	176	149	313	216
	1968	229	265	197	131	132	78	70	44	87	124	219	282
	1969	313	329	258	128	124	115	105	75	90	158	166	203
	1970	241	195	153	116	78	109	64	79	68	136	226	251
	1971	272	212	176	C	C	C	C	C	C	70		
Highest daily reading	1965	545	647	562	338	170	333	142	142	194	452	411	470
	1967	503	439	342	427	479	182	225	174	508	339	553	581
	1968	936	556	444	441	291	198	103	132	367	316	552	462
	1969	601	643	515	233	333	212	182	195	198	301	301	406
	1970	373	443	707	259	153	265	130	190	141	268	556	704
	1971	510	372	271	C	C	C	C	C	C	188		
Lowest daily reading	1965	92	41	42	30	66	129	18	18	35	60	40	44
	1967	33	69	58	90	76	65	57	23	22	50	130	54
	1968	48	83	58	33	27	24	45	0	26	38	114	176
	1969	185	175	135	29	37	25	43	6	38	80	84	88
	1970	124	88	53	55	47	12	35	14	16	47	7	105
	1971	135	68	93	C	C	C	C	C	C	6		

N — indicates that insufficient results were obtained.

C — indicates station closed down for Summer months.

EPSOM NO. 1
READINGS TAKEN FROM DAILY SMOKE AND SULPHUR DIOXIDE RECORDING APPARATUS AT
THE TOWN HALL, THE PARADE, EPSOM
Smoke Concentration (Microgrammes per cu. metre)

	YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading	1965	72	102	52	26	16	20	11	17	18	63	70	48
	1967	52	49	17	37	13	13	9	13	19	14	79	83
	1968	61	74	35	22	66	15	15	14	16	28	49	75
	1969	45	62	60	18	16	19	16	21	26	36	30	62
	1970	48	44	31	24	27	19	11	17	16	29	26	61
	1971	55	43	32	C	C	C	C	C	C	31		
Highest daily reading	1965	214	299	184	76	45	113	28	72	37	158	190	193
	1967	162	151	33	64	39	27	20	51	40	34	209	243
	1968	171	220	86	70	154	53	25	29	48	82	151	228
	1969	195	133	114	53	37	38	28	50	65	142	84	173
	1970	144	91	71	63	51	56	25	35	35	86	83	330
	1971	183	110	70	C	C	C	C	C	C	99		
Lowest daily reading	1965	7	14	10	6	3	2	4	5	7	10	7	8
	1967	14	7	7	10	0	5	2	2	5	3	11	10
	1968	7	10	7	5	14	2	8	4	3	6	9	7
	1969	4	12	14	3	4	5	9	7	7	10	6	22
	1970	15	7	9	9	9	5	4	5	2	8	7	21
	1971	11	8	7	C	C	C	C	C	C	6		

Sulphur Dioxide Concentration (Microgrammes per cu. metre)

	YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading	1965	163	243	138	87	69	137	37	38	41	126	141	88
	1967	111	88	67	120	61	59	61	50	28	16	77	74
	1968	78	76	70	34	31	27	24	10	22	26	38	57
	1969	41	154	65	30	54	86	59	64	79	71	70	127
	1970	107	122	118	84	67	106	44	63	47	80	66	156
	1971	128	117	122	C	C	C	C	C	C	68		
Highest daily reading	1965	355	562	319	255	213	298	73	74	101	266	331	237
	1967	295	253	108	203	128	94	157	390	58	51	191	166
	1968	448	209	175	91	66	46	39	35	40	130	63	143
	1969	127	292	143	66	120	224	87	157	165	313	128	280
	1970	225	225	310	184	112	275	81	140	100	198	121	658
	1971	461	370	230	C	C	C	C	C	C	184		
Lowest daily reading	1965	32	82	29	42	27	48	12	12	20	39	41	24
	1967	33	37	31	69	37	22	21	25	6	0	12	4
	1968	19	24	13	6	0	13	6	0	11	5	6	14
	1969	17	14	12	6	20	32	32	45	32	34	38	48
	1970	24	43	56	47	42	43	12	6	23	37	32	63
	1971	31	30	55	C	C	C	C	C	C	6		

C — indicates station closed down for Summer months.

It would appear that the new policy in respect of the provision of a temporary caravan site, in the hope of gaining greater control over the indiscriminate parking of caravans, has had the effect of attracting more caravans.

I would suggest that a limit be set to the number of caravans permitted to park on the Downs during the Summer Race Meeting

RODENT CONTROL

Prevention of Damage by Pests Act 1949

In accordance with requirements of the above Act, occupiers of land or buildings are under an obligation to notify the Local Authority in writing, of the presence of rats or mice in substantial numbers. It is also the duty of every Local Authority to take such steps as may be necessary to secure, as far as practicable, that their district is kept free from rats and mice. They are empowered to make inspections and enforce owners and occupiers to carry out such operations as may be necessary for this purpose.

Advice and assistance are given to persons who report any such infestation or apply for information as to preventive measures. Such advice is based on methods of destruction recommended by the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food.

One full-time Rodent Operative is employed in the Department and the following is a summary of the work carried out:—

<i>Number of</i>	Average for years 1966-1970 (incl.)	1971
Complaints investigated	665	619
Inspections and visits	3,517	3,636
Premises found infested	532	338
Treatments carried out by the Rodent Operative at:		
Private premises	594	356
Business premises	90	79
Rats known to have been caught and destroyed by the Rodent Operative	311	92
Mice known to have been caught and destroyed by the Rodent Operative	22	17

In assessing the number of rodents killed, a conservative estimate would be formed by using a factor of 5 to every rodent actually found dead as the use of Warfarin poison, a blood anti-coagulant, causes the rodent affected to seek cover before it dies.

Sewer Rat Control

Special attention is paid to the inspection of sewers for the presence of rats. It is encouraging to find that the rat population of the sewers is small, due principally to the control measures in force on the ground.

Experimental Scheme — Permanent Baiting Points

The Ministry of Agriculture, Fisheries and Food is currently interested in the proposition that the control of rats in towns may be improved by the provision of permanent baiting points, rather than waiting for complaints from the public. This supposition is applied to towns where there are no chronic areas of infestation.

In that connection, the Council were pleased to accede to the request of the Ministry to participate in an experimental scheme based on the provision of permanent baiting points and this was implemented in the Autumn.

A small area of Epsom Town was chosen and at the end of the year 38 permanent baiting points were established. It is hoped to gradually extend this area, but the work is limited by the labour available.

It is too early to reach any conclusions on this experiment, but to date most baiting points give a complete history of no takes, with a small number showing sporadic activity.

DISINFECTION

In the absence of notifiable disease, there was no disinfection of premises or articles of clothing. This reflects the very great betterment in the incidence of infectious disease which has taken place in recent years.

Only 20 library books were so treated.

INSECTS AND OTHER PESTS

Disinfestation

Six premises were disinfested, by reason of infestation by animal fleas.

Wasps' Nests

The destruction of wasps' nests is carried out on request at a charge of 62½p per nest destroyed (no extra charge being made for additional nests being destroyed at time of visit).

The number of nests destroyed was 574, as compared with 548 in 1970.

Total receipts were £190.20.

Feral Pigeons—Control

A limited control of Feral Pigeons is exercised by trapping the birds where they infest public places, 135 being caught by this method.

The trapping of feral pigeons is time consuming and, in many cases, unrewarding. Whilst the public are prepared to tolerate the presence of feral pigeons in urban areas, there is little that the local authority can do, unless the ratcpayers are prepared to foot the bill and in any case unilateral action is not the answer. Until the problem is tackled by statutory direction, our buildings and properties will suffer nuisance with damage and deterioration to the fabric.

Foxes

As part of the husbandry of land owned by the Council—commons, parks, etc.—foxes are destroyed whenever possible by the Rodent Operative

Fourteen were so killed during the year.

MORTUARY

With the completion of the first stage of redevelopment at the Epsom District Hospital, the new mortuary came into operation during the year.

Its capital cost has been shared between the hospital and the other constituent local authorities, and a contribution is made to the running costs.

HAIRDRESSERS' AND BARBERS' ESTABLISHMENTS

Bye laws are in force for the purpose of securing:

- (a) The cleanliness of premises on which a hairdresser's or barber's business is carried on and of the instruments, towels, materials and equipment used therein; and
- (b) the cleanliness of the hairdressers or barbers working in such premises in regard to both themselves and their clothing.

In that connection 35 visits and inspections were made.

CONSUMER PROTECTION ACT 1961

Under this Act the Secretary of State is empowered to make Regulations imposing requirements in respect of any prescribed class of goods to prevent or reduce risk of death or personal injury. The following Regulations come within the jurisdiction of this Department:—

The Nightdresses (Safety) Regulations, 1967.

The Heating Appliances (Fireguards) Regulations, 1953.

The Oil Heaters Regulations, 1962/66.

The Toys (Safety) Regulations, 1967.

The Regulations are in the main well observed by the trade but the sale of second-hand heating appliances, oil, gas and electric, at jumble sales, etc., is discouraged, as many of these appliances do not conform to the standards required.

Samples of toys in relation to the permitted lead content were taken and 48 visits and inspections made.

NOISE ABATEMENT ACT 1960

The incidence of industrial and neighbourhood noise continues to be low, as shown by the complaints received, namely 29, all of which were dealt with informally.

In respect of aircraft noise, the Surrey County Council appointed consultants to report on Aircraft Routes from Heathrow over Surrey, which when received was distributed to all County Districts asking for their observations.

The Council supported the efforts of the County Council in their representations to the Department of Trade and Industry, which were mainly directed to steps which, in their opinion, would help to reduce the amount of noise from this source.

MISCELLANEOUS

Keeping of Animals

The Pet Animals Act 1951 requires pet shops to be licensed; three applications were received and granted during the year.

In respect of the boarding of cats and dogs, the Animal Boarding Establishments Act 1963 similarly requires the licensing of premises. Three applications were received and granted during the year.

Riding Establishments Act 1964

The Act provides for a system of yearly licensing by local authorities.

Briefly, in considering the application for a licence, a local authority must have regard to the suitability and qualification of the applicant and a report from a Veterinary Surgeon or Veterinary Practitioner of an inspection of the premises. The suitability of the horses kept at any such establishment is also a determining factor.

Six riding establishments were licensed during the year.

Betting, Gaming and Lotteries Acts 1963/64/68

Permits for the provision of amusements with prizes, in force at the end of the year, which are granted on a 3 year basis were as follows:—

Licensed Premises: 22 permits in respect of 29 machines at 21 premises.

Cafes: 5 permits in respect of 5 machines at 5 premises.

In recent years the number of permits has reduced and as from the 1st October, 1970, the Licensing Justices became responsible for their issue in respect of licensed premises (public houses, clubs, etc.).

Scrap Metal Dealers' Act 1964

This Act makes provision for the local registration of all scrap metal dealers and every local authority is required to maintain a register of persons carrying on business in their areas as scrap metal dealers.

There is no discretion to refuse registration, which can be effective for three years, and will be cancelled unless application is received for its renewal.

Apart from the registration by the local authority the dealer is required to keep a record of his dealings in scrap metal and this record is subject to scrutiny by the Police.

Three premises are so registered.

PART FOUR

**SCHOOL
HEALTH
SERVICE**

BOROUGH OF EPSOM AND EWELL

EDUCATION COMMITTEE

Report of the School Medical Officer for the year 1971

Mr. Chairman, Ladies and Gentlemen,

It is an honour to present the Annual Report on the School Health Service for 1971, a year which has seen the change from purely routine medical inspections to a system which includes routine and selective medical procedures respectively.

Medical Officers have felt for a long time that many children, who are perfectly fit, are unnecessarily examined as a routine and that much of the time set aside for this purpose could be put to better use by selecting those really in need by some other means, e.g. questionnaires to parents and teachers, asking for certain information of other staff, etc. At the time of selection medical, nursing and teaching staff meet and discuss the children and, where necessary, children requiring further investigation are called up for medical examination. The new scheme is set out on Page 57, where the previous medical inspection procedure is also shown as a comparison. It is still early days to give any firm opinion, but I sense that school medical officers, the health visitors and the teachers find the change beneficial and more effective.

Concurrently, with the new selective procedure we have endeavoured to improve our liaison with the schools by attaching to each secondary and primary school a team, comprising of a medical officer, a health visitor and a school nurse. Meetings have been held between members of the School Health Service and the heads, school counsellors and teachers of physical education, to discuss the local policy, to endeavour to achieve better communications between ourselves and the schools and to improve in every way staff relationships. By close liaison we hope that we shall be more able to pick out children at risk of physical or emotional deviation. Such children might so easily truant from school, experiment with drugs or show some other maladjustment. The appointment of school counsellors, I am sure, will be an incentive in bridging the gap which so easily builds up between the child, his parent and the teacher. The school, where a child spends some seven hours of the day, should provide a helpful, lively and secure community, where he should feel able to turn to someone for confidential advice and assistance, without fear of a possible come back.

Health Visitors are visiting their schools regularly for consultation with Heads and school counsellors, and in two County Secondary Schools are giving courses consisting of ten talks, covering such subjects as drugs, smoking and venereal disease. It is appreciated that the teaching staff include items of health education wherever the opportunity arises, but in my opinion there may still be need for more active participation by the health visitor, who should not be counted as an "outsider" in her school. Group discussion can raise many problems which can be resolved there and then. Unfortunately, the health visitor, with increasing demands elsewhere, has not sufficient time to do health education justice, and even if she does may not feel that she has the flair for effective teaching. There is also a shortage of suitably experienced medical officers who can also serve a useful purpose in group discussion. On the other hand a large amount of individual health education is given during the medical examination of the child, especially if the parent is present as at the school entry medical inspection. With the raising of the school leaving age to sixteen, I consider that the pleasures and problems of inter-personal relationships should receive more attention and it could well be that heads of senior schools have this matter very much in mind. Parents themselves are already being helped by the various subjects which are discussed at parent/teacher association meetings, but I am of the opinion that in view of the accelerating changes taking place in our modern world, the vast majority of parents become increasingly bemused and confused as to their role and their use of parental control and guidance.

The School Health Service suffered a sad loss during the year by the death of Mrs. B. Gilbert, our physiotherapist, who had become so well known to parents and children. She had a wonderful way with young people, and by her encouragement and understanding helped them to carry out the remedial exercises necessary to correct their defects. All of us on the staff miss her very much.

My special thanks are due to the Chairman and members of the Education Committee for their assistance and backing during the year. The Borough Education Officer and his staff have been extremely helpful and understanding at all times. I am deeply appreciative of the kindly reception given to me by the Head Teachers during my first year in Epsom and Ewell, and of their patience and support. I also wish to express my sincere gratitude to Dr. E. Davis, the Senior Medical Officer; Mr. G. B. Ashworth, the Senior Dental Officer; Miss J. Dorrington, the Borough Nursing Officer; Mr. R. Stay, the Administrative Assistant and all other staff of this department.

I am, Mr. Chairman, Ladies and Gentlemen, Your obedient Servant,

T. A. PLUMLEY,

School Medical Officer.

School Population

The maintained school population at the end of the year was as follows:—

Primary	5,319	(5,317)
Secondary	3,834	(3,795)
Special	26	(27)
Nursery	114	(103)
	<u>9,293</u>	<u>(9,242)</u>

Figures for 1970 are given in brackets

The number of maintained school departments in the Borough on 31st December, 1971, was:

Primary	18
Secondary	5
Special (Partially-Hearing Unit and The Lindens, St. Ebba's Hospital) ...	2
Nursery Classes (West Ewell and Cuddington Croft Schools)	2
	<u>27</u>

Medical Inspections

(a) Prior to September, 1971.

Medical inspection by age groups was carried out routinely as follows:—

<i>Primary</i>	(i) On entry	Complete medical examination
	(ii) During year in which age of 8 is reached	Eye and hearing tests only
<i>Secondary</i>	(iii) On entry	Complete medical examination
	(iv) During year in which age of 13 is reached (if more than a year since last routine examination)	Eye test only
	(v) During year in which age of 15 is reached	Complete medical examination
	(vi) During year in which age of 17 is reached (if more than a year since last routine examination)	Eye test only

(b) As from 1st September, 1971.

Medical inspection by age groups was carried out on a partly routine and selective basis as follows:—

<i>Primary</i>	(i) On entry	Complete medical examinations, including test for urinary infection in girls
	(ii) Aged 8-9 years	Selective medical examination, but all children in this group have vision and hearing tests
<i>Secondary</i>	(iii) On entry	Complete medical examination
	(iv) During year in which age of 13 is reached (if more than a year since last routine examination)	Vision test only
	(v) During year in which age of 15 is reached	Selective medical examination, but all children in this group have vision test
	(vi) During year in which age of 17 is reached (if more than a year since last routine inspection)	Vision test

TABLE I
A. Periodic Medical Inspections

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Pupils found to require treatment		For any other condition recorded on Table II	Total individual Pupils
		For defective vision (excluding squint)			
1967 and later ...	3 (12)	— (—)		— (3)	— (3)
1966	337 (354)	10 (20)		37 (28)	39 (45)
1965	524 (71)	17 (5)		50 (4)	53 (8)
1964	17 (14)	— (—)		— (1)	— (1)
1963	843 (769)	61 (68)		1 (3)	62 (71)
1962	30 (41)	— (9)		4 (5)	4 (11)
1961	8 (20)	— (3)		— (2)	— (4)
1960	189 (404)	24 (57)		10 (19)	31 (75)
1959	181 (252)	25 (42)		15 (28)	31 (65)
1958	231 (42)	40 (7)		9 (1)	44 (8)
1957	8 (55)	1 (14)		— (1)	1 (14)
1956 and earlier ...	781 (753)	186 (201)		23 (8)	203 (205)
Totals	3,152 (2,787)	364 (426)		149 (103)	468 (510)

Figures for 1970 are given in brackets

B. Other Inspections

Notes:

A special inspection is one that is carried out at the request of a parent, doctor, nurse, teacher or other person.

A re-inspection is a follow-up inspection arising from one periodic medical inspection or out of a special inspection.

Number of special inspections	880 (1,488)
Number of re-inspections	257 (478)
Total	<u>1,137 (1,966)</u>

Figures for 1970 are given in brackets

C. Parents Present at Inspection

Parents were present at 1,025 routine medical inspections, a percentage of 32.5. This compares with 660 attendances in 1970, a percentage of 23.7.

D. Inspections for Infestation with Vermin

(i) Number of individual examinations of pupils in Schools by Health Visitors	3,255 (1,702)
(ii) Number of individual Pupils found to be infested ...	33 (14)
(iii) Number of individual Pupils in respect of whom cleansing notices were issued	Nil (Nil)

Figures for 1970 are given in brackets

More time is now being spent by Health Visitors in schools on hygiene. The number of head inspections carried out for infestation and visits to homes as follow-up of treatment are most definitely on the increase. Esoderm Lotion and Shampoo are supplied to every infected case and appear to be effective despite reports of resistant parasites in other areas.

General Physical Condition

At each routine medical inspection School Medical Officers are required to assess the general physical condition of the children and to record the assessment under the headings "satisfactory" or "unsatisfactory".

Without exception the condition of the children was recorded as satisfactory.

Employment of Children

School Medical Officers carried out 93 examinations of children in order to ascertain their fitness to undertake part-time employment. All were found to be fit.

Postural Defects

A qualified Physiotherapist attended at the two main Clinics to conduct remedial exercise classes for children with orthopaedic defects relating to posture and feet.

Number of sessions	67	(103)
Number of children treated in 1971	65	(102)
Number of attendances	262	(292)
Number of new cases admitted during the year	46	(45)
Number of cases discharged	37	(26)

Figures for 1970 are given in brackets

Bedwetting

In the course of the year 4 children were loaned electric enuresis alarms, with varying degrees of success.

School Eye Clinics

Ophthalmic Surgeons visited the Ewell Court and Epsom Clinics regularly throughout the year and below is given a summary of work carried out:

Number of sessions	72	(67)
Number of children who attended during the year	589	(640)
Number of attendances during the year	852	(895)
Number of examinations for errors of refraction (including squint):		
(a) Glasses ordered or re-ordered	230	(250)
(b) Glasses not ordered	622	(638)
Number referred for orthoptic or surgical treatment of squint ...	8	(12)
Number referred to Hospital for treatment unobtainable at Clinic	3	(3)

Figures for 1970 are given in brackets

Dental Inspection and Treatment

The work of the two Dental Clinics in the Borough continued throughout the year. Table II of this report shows an increase over the previous year in the number of pupils treated and the amount of treatment given. This was due to the fact that we enjoyed a full year without staff changes. General anaesthetic sessions for extractions were held regularly at both clinics and facilities are available at the clinics for the taking and processing of X-rays. A County specialist attends at the clinics to carry out orthodontic treatment.

TABLE II
Dental Inspection and Treatment

1. Number of pupils inspected	9,058	(7,901)
2. Number found to require treatment	2,894	(2,791)
3. Number treated at school dental clinics	2,045	(1,802)
4. Number of attendances made by pupils for treatment	6,452	(5,996)
5. Number of half-days devoted to inspections	73	(58)
6. Number of half-days devoted to treatment	1,010	(914)
7. Number of permanent teeth extracted	224	(209)
8. Number of permanent teeth filled	2,129	(1,996)
9. Number of temporary teeth extracted	747	(729)
10. Number of temporary teeth filled	1,574	(1,564)
11. Total number of teeth filled	3,703	(3,560)
12. Number of administrations of general anaesthetics	403	(366)
13. Number of pupils X-rayed	230	(187)
14. Number of scalings and gum treatments	107	(119)
15. Number of teeth conserved with silver nitrate	77	(97)
16. Number of teeth root filled	6	(4)
17. Courses of treatment completed	1,234	(1,403)
18. Orthodontics :		
New cases commenced during year	77	(77)
Cases completed during the year	52	(65)
Cases discontinued during year	14	(14)
Number of removable appliances fitted	140	(139)
Number of fixed appliances fitted	7	(6)
Pupils referred to Hospital Consultant	3	(7)
19. Prosthetics :		
Number of pupils supplied with full upper or full lower denture ...	Nil	(Nil)
Number of pupils supplied with partial denture	Nil	(Nil)

Figures for 1970 are in brackets

TABLE III

Return of Defects found in the course of Medical Inspections in 1971

Defect or Disease	Periodic Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under observation	Requiring treatment	Requiring to be kept under observation
Skin	18 (16)	55 (47)	— (1)	6 (1)
Eyes :				
(a) vision	313 (426)	321 (262)	215 (471)	493 (391)
(b) squint	9 (5)	13 (7)	— (1)	— (1)
(c) other	3 (1)	13 (40)	1 (—)	— (—)
Ears :				
(a) hearing	5 (10)	60 (28)	27 (5)	42 (3)
(b) otitis media	10 (1)	55 (6)	1 (—)	1 (—)
(c) other	13 (2)	20 (8)	4 (3)	1 (1)
Nose and Throat	12 (3)	90 (47)	3 (1)	10 (1)
Speech	19 (10)	25 (21)	59 (41)	14 (2)
Cervical Glands	— (—)	10 (6)	— (—)	1 (—)
Heart and Circulation	— (1)	22 (20)	— (—)	8 (—)
Lungs :				
(a) Pulmonary Tuber- culosis (definite)	— (—)	— (—)	— (—)	— (—)
(b) Other lung diseases	10 (5)	53 (36)	— (1)	6 (1)
Development :				
(a) Hernia	— (—)	— (3)	— (—)	2 (—)
(b) Other	1 (3)	40 (42)	— (1)	13 (—)
Nervous System :				
(a) Epilepsy	3 (6)	1 (—)	— (—)	— (—)
(b) Other	1 (2)	26 (10)	4 (6)	4 (8)
Orthopaedic :				
(a) Posture	4 (10)	10 (23)	1 (—)	6 (2)
(b) Foot defects	12 (12)	41 (15)	7 (4)	11 (4)
(c) Other	10 (11)	35 (39)	3 (4)	11 (1)
Psychological :				
(a) Development	— (2)	27 (4)	4 (1)	5 (3)
(b) Stability	4 (1)	56 (8)	5 (3)	15 (1)
Other Diseases	3 (2)	21 (28)	2 (1)	10 (6)
Totals	450 (529)	994 (700)	336 (544)	659 (426)

Figures for 1970 are in brackets

Handicapped Children

In view of the increasing stress given to the developmental screening of young children from birth, it is hoped that by the age of two years any child with a handicap will be known to the Health Services Department. Plans can then be made for his future educational, as well as for his medical and social needs. The health visitor is a key figure in advising and supporting the parents especially where there is family stress.

Many handicapped children, whether suffering from physical, emotional or mental defects, can benefit from normal schooling, but there are some who will require special educational facilities within the framework of the ordinary school, placement in day or boarding special school or hospital school.

Table V on Page 62 sets out by categories the handicapped pupils ascertained as at 31st December, 1971, and shows what provision was made for their special educational treatment.

(a) Home Tuition

Some handicapped children, whilst waiting for admission to a Special School, or because of the severity of their disabilities, have to be provided with education in their own homes, and we are grateful for the helpful co-operation we receive from the Borough Education Officer when such provision becomes necessary. I am pleased to report that this was required for one child only during the course of the year—a maladjusted boy who received Home Tuition from January to July prior to his admission to a special residential school.

(b) **Speech Therapy**

The general administration of this service is controlled by the County Medical Officer. Although there have been a number of staff changes it has been possible to continue an un-interrupted service at Ewell Clinic, Epsom Clinic and the Riverview School partially hearing unit. On the 1st November the service was extended to include one session per week at the new Bourne Hall Health Centre.

Details of the work carried out during the year are given in the Table below. 23 pupils were on the waiting list at the end of the year.

TABLE IV

	<i>Epsom Clinic</i>	<i>Ewell Clinic</i>	<i>Riverview Partially- Hearing Unit</i>	<i>Bourne Hall Health Centre</i>
Number of treatment Sessions ...	90 (105)	205 (153)	68 (42)	7
Number of children discharged during the year :				
(a) Cured	11 (13)	15 (15)	— (1)	—
(b) Improved	4 (5)	12 (1)	2 (2)	—
(c) Other reasons	9 (15)	10 (16)	4 (2)	1
Number under treatment at end of year	17 (18)	24 (19)	15 (9)	4
Number under supervision at end of year	14 (13)	29 (24)	5 (11)	6

Figures for 1970 are given in brackets

TABLE V
Handicapped Pupils as ascertained at 31st December, 1971

Category	At ordinary school under medical supervision	At special school or Hospital School	Attending Speech Clinic	Attending Child Guidance Clinic	At ordinary school—on waiting list for special school	Home teaching provided	Under age school age and under medical supervision	At ordinary school—on waiting list for Speech and Child Guidance Clinics	At home awaiting admission to special school or speech therapy	Total
Blind and partially sighted	— (—)	1 (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (1)
Deaf and partially deaf ...	8 (9)	16 (15)	— (—)	— (—)	— (—)	— (—)	1 (3)	— (—)	2 (—)	27 (27)
Delicate ...	13 (10)	1 (3)	— (—)	— (—)	— (—)	— (—)	6 (4)	— (—)	— (—)	20 (17)
Physically handicapped ...	16 (15)	12 (10)	— (—)	— (—)	— (—)	— (—)	5 (7)	— (—)	— (—)	33 (32)
Educationally sub-normal	2 (1)	43 (44)	— (—)	— (—)	2 (—)	— (—)	— (1)	— (—)	1 (—)	48 (46)
Epileptic ...	17 (14)	1 (1)	— (—)	— (—)	— (—)	— (—)	3 (4)	— (—)	— (—)	21 (19)
Maladjusted ...	— (—)	16 (12)	— (—)	28 (19)	2 (—)	1 (1)	— (1)	1 (3)	— (—)	48 (36)
Speech ...	— (—)	— (—)	107 (81)	— (—)	— (—)	— (—)	— (—)	5 (12)	4 (9)	116 (102)
Totals ...	56 (49)	90 (86)	107 (81)	28 (19)	4 (—)	1 (1)	15 (20)	6 (15)	7 (9)	314 (280)

Figures for 1970 are given in brackets

(c) Early Diagnosis and Treatment of the Deaf Child

The aim of the Health Visitors and School Medical Officer is to ascertain all young deaf children and make plans for their special treatment before they enter School at the age of 5 years.

To ensure that no deaf children are missed, all pupils aged 6-7 years are given a routine pure-tone audiometer test in School. In 1971, 856 pupils were so tested and of these 56 (or 6.5%) showed significant hearing defect. (See Table VI on Pages 63 and 64).

At the end of the year the ascertained hard of hearing children were :

(a) At Special Schools :		
Partially Deaf	13	(11)
Totally Deaf	3	(4)
(b) In ordinary Schools and under supervision by Medical Officers and Teachers of the Deaf	8	(9)
(c) Under school age and under medical supervision ...	1	(3)
(d) At home awaiting admission to special schools ...	2	(—)
(e) Hearing Aid provided	28	(27)

Figures for 1970 are in brackets

(d) Convalescent Homes

Any delicate child who attends a school maintained by the Local Educational Authority may be provided with convalescent home treatment free of charge. Such treatment may be recommended for periods up to 4 weeks.

During 1971, 3 school children were sent for convalescent holidays by the Council.

(e) Child Guidance

During the past year, Mrs. Davis joined the staff as part-time social worker, and Mrs. Gorrill as part-time secretary. Mrs. Carroll, psychotherapist, left us after ten years' service; we wish her a long and happy retirement.

In the clinical field, a flexible policy has been pursued towards families and their individual members in regard to both intake procedure at first referral, and to subsequent treatment. The fortnightly discussion group for health visitors was re-established after the Summer recess on a monthly basis. One of our psychiatric social workers supervised a student from the London Institute of Education for a short period. Groups of student nurses from one of the local mental hospitals have continued to attend the clinic for a lecture and discussion on our service.

Although each of the disciplines in the clinical team continued to hold meetings periodically, it is still felt that multi-disciplinary meetings should be established.

TABLE VI
Audiometry

	Routine Examinations		Retests and Specials		Total	
1. Number of children tested ...	856	(1,013)	123	(86)	979	(1,099)
2. Number of children who failed test	56	(38)	35	(42)	91	(80)
3. Result of investigations by School Medical Officers :						
(a) No significant hearing loss	23	(21)	8	(16)	31	(37)
(b) No significant hearing loss but child appears to be mentally retarded	1	(1)	1	(1)	2	(2)
Deafness due to :						
(c) Catarrhal conditions ...	16	(8)	12	(13)	28	(21)
(d) Old otitis media	8	(2)	8	(3)	16	(5)
(e) Injury	—	(—)	—	(—)	—	(—)
(f) Other causes	4	(1)	3	(3)	7	(4)
(g) Undetermined causes ...	4	(4)	2	(4)	6	(8)
(h) Untraced or left the district	—	(1)	—	(—)	—	(1)
(i) Already supplied with Hearing Aids	—	(—)	—	(1)	—	(1)
(j) Investigations remaining to be carried out	—	(—)	1	(1)	1	(1)
	56	(38)	35	(42)	91	(80)

TABLE VI—Continued

4. <i>Recommendations :</i>	<i>Routine Examinations</i>		<i>Retests and Specials</i>		<i>Total</i>	
(a) No action required	1	(3)	2	(4)	3	(7)
(b) For observation only	41	(22)	17	(22)	58	(44)
(c) Referred to Audiology Clinic	2	(7)	13	(11)	15	(18)
(d) Referred to General Prac- titioner	7	(3)	1	(3)	8	(6)
(e) Referred to Ear, Nose and Throat Consultant	1	(1)	—	(—)	1	(1)
(f) Special position in Class ...	4	(2)	2	(1)	6	(3)
(g) Hearing Aid and supervision by Teacher of the Deaf ...	—	(—)	—	(1)	—	(1)

Figures for 1970 are given in brackets

(f) Clayhill Remedial Centre

During 1971 the Centre continued to provide a remedial service for the schools in the area. Help was given to ninety children who were unable to make progress in schools although of average or above average ability.

Liaison between the Health Department and the Centre was maintained through the medium of Dr. E. Davis, Senior Medical Officer, who attended at the Centre to carry out routine medical examinations.

(g) The Lindens Day Unit for Disturbed Children, St. Ebba's Hospital

This unit has been in operation for six years and continues to provide expert and dedicated help for children suffering from autism and other behaviour disturbances. A Consultant Psychiatrist is in charge of the unit and Mrs. B. Furneaux is the Teacher-in-Charge. Dr. Canepa-Anson, Medical Officer, visits the unit for routine medical examinations.

Mrs. Furneaux has kindly contributed the following progress report :

"The number of children attending The Lindens at present is 36—half of whom were diagnosed as psychotic on admission.

Although 18 of the children had no speech at all when admitted there are now only 5 who have no effective speech.

During the past year 1 child died of bone cancer and 5 left The Lindens. Of these, 2 returned to ordinary schools, 1 had to leave as his parents moved to the North, and 2 who were admitted for diagnosis were found to have brain damage of a severity which meant that their correct placement was in the junior training schools—1 of these was admitted to the Manor Hospital.

We have had excellent help throughout from Mr. Ashworth at the dental clinic—thanks to whom all the children have full dental care. The audiologist has visited regularly and with his help we have managed to achieve correct audiograms for all the children. We have also been very grateful for the extremely good medical care given to the children by Dr. Canepa-Anson.

The most important news at the moment is that the Department of Education and Science have agreed to and made the necessary finances available for a new purpose built Lindens. The new Lindens will make provision for 50 day children with a hostel on the site for 25. It is intended that it should be built somewhere in the Epsom/Leatherhead area. We are very pleased about this as we will be able to retain all the local contacts which we have always found so helpful.

We now have 7 children attending the unit who actually live in the Epsom and Ewell district.

During the year we have taken the children on several trips, including Windsor Safari Park, Chessington Zoo, Isle of Wight, and the pantomime at Wimbledon."

Immunisation and Vaccination

The various programmes for the protection of children against certain diseases continued throughout the year :

(a) Vaccination against Diphtheria, Tetanus and Poliomyelitis

A booster immunisation against diphtheria, tetanus and poliomyelitis is offered to children soon after they start school attendance and a further booster against poliomyelitis is offered to pupils approaching school leaving age.

(b) Vaccination against German Measles (Rubella)

This was the second year of the scheme to protect girls against German Measles and vaccination was offered to two age groups, i.e. 12- and 13-year-olds.

(c) **Vaccination against Smallpox**

The Secretary of State has accepted the advice of the Joint Committee on Vaccination and Immunisation, that the routine vaccination of children against smallpox need no longer be recommended. This vaccination has, therefore, been removed from the schedule of vaccination and immunisation for school children.

(d) **Vaccination against Tuberculosis**

BCG vaccination continues to be offered to 13-year-old pupils and 75.6% of children in this age group were vaccinated.

Below are given details of protective procedures carried out on school children during 1971:

		<i>At Schools and Clinics</i>	<i>By General Practitioners</i>	<i>TOTAL</i>
Combined Diphtheria/Tetanus ...	...	561 (607)	219 (157)	780 (764)
Poliomyelitis ...	...	1,130 (783)	310 (266)	1,440 (1,049)
German Measles (Rubella) ...	...	420 (256)	44 (1)	464 (259)
Tuberculosis (BCG) ...	...	660 (483)	— (—)	660 (483)

Figures for 1970 are given in brackets

I wish to thank Head Teachers for their co-operation, as I fully appreciate the inconvenience which may be caused by these procedures in their schools.

Deaths of School Children

Deaths of children of school age during the year were as follows :

Girl aged 12 years	—	Road Accident
Boy aged 12 years	—	Road Accident
Girl aged 10 years	—	Brain Tumour
Boy aged 10 years	—	Peritonitis
Girl aged 6 years	—	Bronchopneumonia

School Meals and Milk

The following is a summary showing the number of children taking meals and milk on a day in October, 1971.

TABLE VII

<i>Category</i>	<i>Total No. in Attendance</i>	<i>MEALS</i>			<i>MILK</i>	
		<i>Free</i>	<i>Full Cost</i>	<i>% of total taking meals</i>	<i>No. taking milk</i>	<i>% of total taking milk</i>
Infant } Junior }	5,021 (4,958)	181 (140)	3,857 (4,200)	80.4 (87.3)	1,971 (4,724)	39.8 (95.6)
Secondary	3,694 (3,624)	91 (75)	2,284 (2,620)	61.8 (74.4)	— (—)	— (—)
Totals	8,715 (8,582)	272 (215)	6,322 (6,820)	72.5 (82.0)	1,971 (4,724)	

Figures for 1970 are in brackets

Table VIII

Notification of Communicable Diseases by Head Teachers during 1971

(a) **Infectious Diseases**

<i>Disease</i>	<i>Suffering</i>	<i>Excluded on Suspicion</i>	<i>Infection at Home</i>	<i>Total Exclusions</i>
Smallpox ...	— (—)	— (—)	— (—)	— (—)
Diphtheria ...	— (—)	— (—)	— (—)	— (—)
Scarlet Fever ...	3 (18)	— (—)	1 (1)	4 (19)
Enteric Fever ...	— (—)	— (—)	— (—)	— (—)
Measles ...	74 (23)	— (—)	— (—)	74 (23)
Whooping Cough ...	3 (2)	— (—)	— (—)	3 (2)
German Measles ...	16 (60)	— (—)	— (—)	16 (60)
Chickenpox ...	52 (315)	— (1)	— (—)	52 (316)
Mumps ...	1 (170)	— (—)	— (1)	1 (171)
Jaundice ...	— (—)	— (—)	— (—)	— (—)
Other ...	3 (7)	— (—)	— (—)	3 (7)
Totals ...	152 (595)	— (1)	1 (2)	153 (598)

(b) Contagious Diseases

<i>Disease</i>					<i>Suffering</i>	<i>Excluded on Suspicion</i>	<i>Total Exclusions</i>
Ringworm	...	...	...	...	— (—)	— (—)	— (—)
Impetigo	...	...	...	...	1 (5)	— (—)	1 (5)
Scabies	...	...	...	...	— (1)	— (—)	— (1)
Other	...	...	...	...	— (—)	— (—)	— (—)
Totals	...	...	...	...	1 (6)	— (—)	1 (6)

Figures for 1970 are given in brackets

Health Education in Schools

Medical Officers and Health Visitors continue to advise parents and children on health education matters when attending schools to carry out routine medical inspections.

In the Health Education field two series of lectures were given:—

Miss Davies, Health Visitor to Ewell County Secondary School, and Mrs. Gorry, Health Visitor to Epsom Secondary Girls School, each gave a course of 10 lectures in a syllabus which included such subjects as drugs, smoking and venereal disease.

A great effort has been made over the past year to attach a team of local authority staff to the Senior, Junior and Infant schools, comprising of Medical Officer, Health Visitor and School Nurse. Meetings have been held between ourselves and the Head Teachers, School Counsellors and Physical Education Teachers. A certain amount of success has been achieved. Health Visitors now attempt to visit their schools regularly on at least a fortnightly basis for consultation with Head Teachers, and in the case of senior schools with School Counsellors as well.

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